

## FW: Public Health and Wellbeing Amendment (Infringements) Regulations 2020

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From: REDACTED (DHHS)" REDACTED  
 To: REDACTED (DHHS)" REDACTED "Noel Cleaves (DHHS)"  
 REDACTED "Anthony J Kolmus (DHHS)"  
 REDACTED  
 Cc: "Meena Naidu (DHHS)" REDACTED  
 Date: Sun, 29 Mar 2020 11:25:50 +1100  
 Attachments: 2020-03-29 - CHO Instrument of authorisation - PHW Act AOs .docx (46.91 kB);  
 Detention Notice - signed.pdf (416.85 kB)

REDACTED delegations have been signed  
 I might speak to you about what data collection has been set up.  
 Thanks

REDACTED  
 D

Principal Regulatory Policy Advisor Health Protection

REDACTED

From: REDACTED (DHHS)  
 Sent: Sunday, 29 March 2020 11:12 AM  
 To: REDACTED (DHHS)  
 Subject: Fwd: Public Health and Wellbeing Amendment (Infringements) Regulations 2020  
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From: Jacqueline Goodall (DHHS) REDACTED  
 Sent: Sunday, March 29, 2020 10:47:21 AM  
 To: Meena Naidu (DHHS) REDACTED  
 Cc: REDACTED (DHHS) REDACTED; Jacinda de Witts (DHHS)  
 REDACTED Ed Byrden (DHHS) REDACTED  
 Subject: RE: Public Health and Wellbeing Amendment (Infringements) Regulations 2020  
 Hi Meena

Further to REDACTED earlier email, and apologies if you were not brought in earlier on these arrangements.

### Infringement Notices

After these regulations were made yesterday, Kym signed an instrument of delegation, to the Chief Commissioner of Police delegating the power to serve an infringement notice to the Chief Commissioner. I understand that a sub-delegation to police officers was signed yesterday also. I am waiting on scanned copies of both signed instruments.

### Detention Notice – effective from midnight 28 March (attached)

As you would be aware, things moved very quickly yesterday from a Direction to all arriving international travellers, to an individual notice of detention to be served on each person. I sent an email to Brett and Annaliese yesterday setting out the **additional procedural requirements for detention** by an Authorised Officer (AO) under the s200 Emergency Powers as follows:

- before any person is subject to detention, the AO must briefly explain the reason why it is necessary to detain the person: s200(2)
- if in particular circumstances it is not practicable to briefly explain the reason why it is necessary to detain the person before the power is exercised, the AO must do so as soon as practicable: s200(3)
- before exercising an emergency power, a AO must, unless it is not practicable to do so, warn the person that refusal or failure to comply without reasonable excuse, is an offence: s200(4).
- AO must at least once every 24 hours during the period that a person is subject to detention review whether the continuation of detention of the person is reasonably necessary to eliminate or reduce a serious risk to public health: s200(6)
- AO must as soon as is reasonably practicable give written notice to the CHO— (a) that a

person has been made subject to detention; (b) that following a review under subsection (6) a person is to continue to be subject to detention under subsection (1)(a): s200(7)

- Notice under s200(7) must include — (a) the name of the person being detained; and (b) a brief statement as to the reason why the person is being, or continues to be, subject to detention under subsection (1)(a): s200(8)
- The Chief Health Officer must as soon as is reasonably practicable advise the Minister of any notice received under subsection (7): s200(9)

We've drafted some documents that AOs/CHO will need for recording and reporting (above), which I am sense and stress testing in the team. We will need to start reports from AOs to CHO today, and then as soon as practicable from CHO to the MOH. Is there someone in your team that I could work with on this today?

#### Police assistance

Also, we have drafted a further request by CHO to the Commissioner of Police for police assistance, at DJSC and VicPol's request. There is one in place (since the state of emergency was declared) which is still on foot and covers us. VicPol and DJCS requested that a further request be made, setting out more detail as the assistance required. This is with Brett to sign. Unsigned copy attached.

Jacqui

**Jacqueline Goodall**

**Assistant Director, Legal Services**

**REDACTED**

**Legal Services Branch | Legal and Executive Services Division**

Department of Health and Human Services | 50 Lonsdale Street, Melbourne VIC 3000

w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) | Intranet page: [How to engage Legal Services](#)

Executive Assistant: **REDACTED**

**REDACTED**

**From:** **REDACTED** (DHHS) **REDACTED**

**Sent:** Sunday, 29 March 2020 9:36 AM

**To:** Meena Naidu (DHHS) **REDACTED**

**Cc:** Jacqueline Goodall (DHHS) **REDACTED**

**Subject:** Public Health and Wellbeing Amendment (Infringements) Regulations 2020

Hi Meena

Attached are a copy of the regulations made by the Governor in Council yesterday Saturday 28 March 2020 and the Government Gazette document giving notice they have been made:

[Public Health and Wellbeing Amendment \(Infringements\) Regulations 2020](#)

[Government Gazette - making of new regulations](#)

I hope this assists.

**REDACTED**

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# DIRECTION AND DETENTION NOTICE

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

## 1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.
- (2) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.
- (6) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (7) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note. These steps are required by sections 200(7) and (9) of the Act*

## 2 Place and time of detention

- (1) You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No.** \_\_\_\_\_ (to be completed on arrival at hotel)

- (2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

## 3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.



#### 4 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless
- (a) you have been granted permission to do so
    - (i) for the purposes of attending a medical facility to receive medical care; or
    - (ii) where it is reasonably necessary for your physical or mental health, or
    - (iii) on compassionate grounds; or
  - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.
- Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

#### 5 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

#### 6 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

REDACTED

Name of Authorised Officer: Dr Annaliese van Diemen

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.



# COVID-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

Confidential and internal draft plan

4 April 2020 – 17:00

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## Background

In Victoria, the term 'physical distancing' will be used, in preference to the term 'social distancing'.

A recent summary of the value of social distancing in relation to the COVID-19 emergency was given as:

*“Social distancing is one of the key measures currently being utilised to contribute to Australia’s ability to severely limit transmission of COVID-19. This reduces the burden of disease in the community, and importantly, will ensure healthcare capacity is not overwhelmed at any given time. The health sector must continue to undertake its core functions, as well as maintain the capacity to support those with COVID-19 who require more intensive care.*

*The overarching goal of our recommendations is to slow the spread of the virus and flatten the epidemic curve. We all have both a community and individual responsibility to maintain social distancing and minimise interactions in order to protect the people we love. The aim is a population response, to reduce transmission to protect vulnerable populations.”*

## Purpose

This plan intends to:

- Provide clarity to all parts of the Department of Health and Human Services' (the department's) physical distancing response to coronavirus disease 2019 (COVID-19);
- Describe the strategy and protocols for the physical distancing response;
- Describe the compliance and enforcement policy for all directions, including mandatory detention policy;
- Inform internal and external communications collateral around physical distancing.

## Scope

In scope for this policy are:

- Physical distancing interventions in Victoria;
- Quarantine and isolation interventions in Victoria implemented for any reason.

## Authorising environment

### Chief Health Officer and Deputy Chief Health Officer

Under a state of emergency declared by the Victorian Government, the Chief Health Officer and Deputy Chief Health Officer have exercised powers to make a range of Directions that reflect physical distancing controls in Victoria, as described in Annexes to this plan.

### Emergency Management Commissioner and State Controller

State Controller (Class 2) is appointed to coordinate the overall response, working within the emergency management arrangements.

### National Cabinet

National Cabinet for COVID-19 has released statements of policy on social distancing (physical distancing). These are reported to have been based on advice from the Australian Health Protection Principal Committee (AHPPC). The AHPPC releases its advice in statements which are published online.

### Victoria Police

Advice has been sought from Legal Services as to the role of Victoria Police. As of 31 March 2020, Victoria Police will undertake a greater role in managing compliance in the community including issuing of infringement notices. As a result, the role of DHHS authorised officers in specific support to Victoria Police around compliance checks will

reduce as Victoria Police have a range of powers considered sufficient to investigate, including to issue infringements and fines.

## **Governance of physical distancing policy within the DIMT**

A Physical Distancing Cell will be chaired by the Deputy Public Health Commander – Planning, on behalf of the Deputy Chief Health Officer (Public Health Commander). This will include:

- a communications lead;
- an enforcement and compliance lead, and
- an evidence and policy lead.

## **Policy on control measures for physical distancing**

### **AHPPC recommendations to National Cabinet**

#### **Statements by AHPPC**

The Australian Health Protection Principal Committee (AHPPC) have made a number of statements on the matter of physical distancing (social distancing). These are available at TRIM location HHSF/20/7891, and on the web at <https://www.health.gov.au/news/latest-statement-from-the-australian-health-protection-principal-committee-ahppc-on-coronavirus-covid-19-0>

The most recent AHPPC statement was 30 March 2020.

### **National requirements from National Cabinet**

The National Cabinet has made announcements through the Prime Minister, including a statement relating to social distancing on 24 March and as recently as 30 March 2020.

### **Legal directions under emergency powers in Victoria**

#### **Directions work within legal services**

A team within the department's Legal Services Branch has been established, including order to draft Directions under the state of emergency, for the Chief Health Officer and Deputy Chief Health Officer. The Legal Services Branch is not available to provide third party legal advice on Directions and their compliance or otherwise.

#### **Process for creating Directions**

The process involves a number of steps, some of which are iterative as the policy underlying the Direction is developed.

These steps include – but are not limited to –

- Policy area develops a need for a Direction under the state of emergency;
- Legal services commence work to create instructions;
- Secretary finalises required directions content to Legal Services;
- Legal Services instructs parliamentary counsel to draft instructions;
- Final check undertaken with Chief Health Officer or Deputy Chief Health Officer;
- Direction is signed;
- Direction is published on the webpage;
- A communications approach is initiated, including a press release and frequently asked questions.



## Critical step in creation of Directions

The Deputy Chief Health Officer has identified a minimum requirement for an evidence-informed policy rationale to be recorded prior to the issuing of directions, and that this evidence-informed rationale extends beyond the general observation of a state of emergency having been declared. Such a short evidence summary could be produced by the Intelligence function.

## Directions

At the current time, Directions and detention orders are generally signed by Dr Annaliese van Diemen (Deputy Chief Health Officer) as authorised by the Chief Health Officer.

Consideration is being given to expanding the list of authorised officers who can sign directions to include other Senior Medical Advisors within the response who are Authorised Officers.

## List of Directions

The following directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

- *Direction on airport arrivals (Annex 1) – 18 March 2020 (revoked 30 March 2020 - still displayed for reference);*
- *Direction on cruise ships docking (Annex 2) – 19 March 2020 (revoked 30 March 2020 - still displayed for reference);*
- Direction on aged care (Annex 4) – 21 March 2020;
- Direction on hospital visitors (Annex 6) – 23 March 2020;
- Direction on isolation (diagnosis) – 25 March 2020;
- Direction on revocation of airport arrivals and cruise ship directions – 28 March 2020;
- Direction on detention notice – Undated (first posted 28 March 2020);
- Direction on stay at home – 30 March 2020;
- Direction on restricted activity – 30 March 2020.

## Summary of legally required actions in Victoria with a focus on physical distancing

The Directions in place are available online, and at the TRIM location HHSF/20/7901.

The summary of the key requirements in all seven active directions, across four themes, is below (linking to the Direction itself for more detail).

### Directions on visitors to aged care facilities – 21 March 2020

- Prevents entering or visiting aged care facilities unless goods and services are necessary, and if the person meets criteria for a suspected case or is ill or is not up to date with vaccination or is under 16;
- Some exemptions including employee, care and support, end of life visit.

### Directions on hospital visitors – 23 March 2020

- Prohibits non-essential visits to hospitals, including for categories of patients, workers and visitors;
- Exceptions include patients. Exemptions can be granted.
- Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms,

### Directions on isolation – 25 March 2020

- Prohibits movement out of isolation until a person is no longer required to be in isolation by DHHS but allows a person not in their home to go directly there after diagnosis.

### Direction – detention notice – 27 March 2020

- Orders the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a specified room in a hotel, with only limited reasons wherein leaving the room can be allowed.

Direction on stay at home – 30 March 2020

- Restricts the way by which people can leave their home making an effective requirement to stay at home except in certain circumstances, restricts gatherings to two people in most instances with some exceptions.

Direction on restricted activity – 30 March 2020.

- Expands restrictions on certain businesses and undertakings put in place as part of non-essential activities restrictions, for example to include playgrounds.

**Directions that have been revoked**

The following Directions have been issued but have been revoked. Information is included for reference.

Direction on airport arrivals -18 March 2020

- *Anyone who arrives at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia must self-quarantine for 14 days after arrival, if arrived after 5pm on 18 March 2020;*
- *Sets rules on being in quarantine – cannot leave home except in an emergency and cannot allow people to enter unless they live there.*

Directions on cruise ship docking – 19 March 2020

- *Anyone who disembarks at a port in Victoria from an international cruise ship or an Australian cruise ship (which is on a voyage from a port outside Australian territory) must self-quarantine for 14 days after arrival.*
- *Allows for some exceptions (goes interstate directly, or to hospital).*

Directions on mass gatherings – 21 March 2020

- *Non-essential mass gatherings are prohibited (not allowed to be organised, allowed or attended). A mass gathering means:*
  - *A gathering of five hundred or more persons in a single undivided outdoor space at the same time;*
  - *A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.*
- *In addition, the total number of persons present in the indoor space at the same time does not exceed the number calculated by dividing the total area (measured in square metres) of the indoor space by 4, meaning a limit of one person per four square metres (2x2m).*
- *Many specified exemptions, including for some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.*

Directions on non-essential business closure – 23 March 2020

- *Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms, places of worship, other specified businesses;*
- *No exemptions process is specified – it is an inclusive list.*

Directions on prohibited gatherings – 25 March 2020

- *Non-essential gatherings are prohibited from midnight on 25 March 2020 – not to be organised, allowed or attended.*
- *Adds two additional prohibited mass gatherings which are social sport gatherings and weddings and funerals.*
- *Specifies a density quotient, with examples.*
- *A mass gathering means:*
  - *A gathering of five hundred or more persons in a single undivided outdoor space at the same time;*
  - *A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.*
- *Many specified exemptions, including social sport gatherings (two or more people), weddings, and funerals (no more than 10 people – indoors or outdoors), some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.*
- *Allows for exemptions to be asked for and granted.*

### Directions on non-essential activities – 25 March 2020

- Prohibits categories of non-essential activity;
- Adds requirement for signage, cleaning and disinfection on businesses that remain open;
- Includes prohibition on licensed premises, personal training facilities, outdoor personal training limited to ten persons, entertainment facilities, non-essential retail facilities, food and drink facilities, accommodation facilities, swimming pools, animal facilities, auctions;
- Exceptions include essential public services such as food banks, wedding venues, recording of performances, time-limited haircuts, delivery of goods, densely packed markets (density rule), food and drink facilities in certain places (hospitals for example); some types of accommodation facility.

## **Announced stages of restrictions in Victoria**

### **Stage 1 restrictions**

Victoria announced 'stage 1 restrictions' on 22 March 2020 and 23 March 2020 and implemented effective midday 23 March 2020. These included:

- Bringing school holidays forward to commence starting on Tuesday 24 March;
- Ceasing non-essential business activity including:
  - pubs, bars or clubs, or hotels (other than to operate a bottleshop, take-away meals or accommodation),
  - gyms,
  - indoor sporting centres,
  - the casino,
  - cinemas,
  - nightclubs or entertainment venues of any kind,
  - restaurants or cafes, other than to the extent that it provides takeaway meals or a meal delivery service
  - places of worship, other than for the purposes of a wedding or funeral.

<https://www.premier.vic.gov.au/statement-from-the-premier-32/>

<https://www.premier.vic.gov.au/statement-from-the-premier-33/>

<https://www.premier.vic.gov.au/wp-content/uploads/2020/03/200323-Statement-From-The-Premier-1.pdf> (this includes a copy of the Deputy Chief Health Officer direction)

### **Stage 2 restrictions**

Stage 2 restrictions were announced on 25 March 2020. Further to the stage 1 restrictions, these further restrictions include:

- Ceasing operation of:
  - Recreation facilities (indoor and recreation facilities, personal training facilities, community centres and halls, libraries, galleries and museums, youth centres and play centres (other than for essential public services);
  - Entertainment facilities (in addition to entertainment facilities already covered in stage 1, stage 2 added theatres, music and concert halls, auditoriums, arenas, stadiums, convention centres, arcades, amusement parks, gambling businesses, brothels, sex on premises venues, and strip clubs);
  - Non-essential retail facilities (beauty and personal care, auction houses, market stalls - other than for the provision of food and drink and subject to density provisions);
  - Food and drink facilities (in addition to stage 1, stage 2 added fast food stores, cafeteria's and canteens, and food courts) but maintaining the ability to provide take away;
  - Camping grounds and caravan parks;
  - Swimming pools (other than private pools not for communal use);
  - Animal facilities (zoos including petting zoos, wildlife centres, aquariums or animal farms not for food production);

- Real estate auctions (other than remotely) and inspections (other than by appointment);
- Introduced a density quotient for retail facilities of 1 per 4m<sup>2</sup> and increased cleaning requirements;
- Introduced a restriction social sport gatherings;
- Limited attendees at weddings (5 people) and funerals (10 people).

Prohibits operation of non-essential businesses and undertakings to slow spread. Cafes and food courts must stop providing table service, but may continue to offer delivery and takeaway. Cafes and canteens may continue to operate at: hospitals, care homes and schools, prisons, military bases, workplaces (though only as a takeaway service). Auction houses, real estate auctions and open house inspections, non-food markets, beauty and personal care services.

<https://www.premier.vic.gov.au/wp-content/uploads/2020/03/200325-Statement-From-The-Premier-1.pdf>

### **Stage 3 restrictions**

These restrictions came into effect at midnight on 30 March 2020, and are:

- Gatherings are restricted to no more than two people except for members of your immediate household and for work or education purposes;
- Requirement to stay home will become enforceable;
- Playgrounds, skate parks and outdoor gyms will also close;
- There are only four reasons to be out:
  - Shopping for what you need – food and essential supplies;
  - Medical, care or compassionate needs;
  - Exercise in compliance with the public gathering requirements;
  - Work and study if you can't work or learn remotely;
- Moratorium on evictions introduced;
- Rules for weddings (no more than five people to attend) and funerals (no more than ten people can attend).

### **Essential services and non-essential services**

A listing of the Victorian classification of essential compared to non-essential is under development.

### **Summary of strong recommendations in Victoria on physical distancing (should) – top lines**

In addition to Directions, the Chief Health Officer provides a number of strong recommendations around physical distancing that are considered critical for suppressing any transmission of COVID-19 in Victoria at the current time.

The top lines at the present time are:

- Play your part and do the right thing or Victorians will die.
- Wash your hands.
- Cough into your elbow.
- Keep your distance from other people. Keep 1.5 metres between yourself and others
- Stay at home.
- If you can stay home, you must stay home.
- Stay in your own house and do not go to someone else's house.
- If you don't need to go out, don't go out.
- Do not go out if you are sick except to seek medical care.
- Shop for what you need, when you need it – do not go shopping unless you have to.
- If you can work from home, you should work from home.
- If you go to work, you must follow all the social distancing rules.
- Keep a distance of 1.5 metres is between yourself and others.
- Stop shaking hands, hugging or kissing as a greeting.



- Work from home where possible.
- If you have had close contact with a confirmed case of COVID-19 in the previous 14 days you must self-isolate and must not participate in community gatherings including community sport.
- Stay home if you are sick and don't expose others. If you are unwell with flu-like symptoms, do not go outside your property or home, do not go to work, school or shops unless it is essential – for example to seek medical care.
- Do not travel interstate, overseas or take a cruise. Avoid unnecessary travel.
- Everyone should avoid crowds if possible. If you must be in a crowd, keep the time short.

## Policy development and decision-making

### Evidence for physical distancing policies

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures.

Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

To ensure that Victoria's approach to physical distancing is informed by the best-available evidence, an evidence summary will be produced and updated as new results emerge from the global scientific community. The current summary of evidence for physical distancing is at **Appendix 2**. This will be updated regularly.

### International and national comparisons

Reports outlining the physical distancing interventions in place in other Australian states and internationally will be developed and updated on an ongoing basis. These will be updated weekly in the first instance, however the current summary of comparisons for physical distancing is at **Appendix 6**.

### Evaluation of physical distancing policies

A range of measures to evaluate the efficacy of all interventions will be developed. In the first instance, these measures will include those suggested by the AHPPC:

- Evidence for efficacy of strengthened border measures/ travel advisories: reduction in the number of imported cases detected over time;
- Evidence of efficacy of the reduction in non-essential gatherings and mixing group sizes: reduction in the average number of secondary infections per case, based on contact tracing;
- Evidence for the combined efficacy of case finding and contact quarantine measures augmented by social distancing: reduction in the rate of growth of locally acquired infected cases;
- Evidence for the effectiveness of isolation: time from symptom onset to isolation.

The Intelligence function will develop a framework for monitoring and advising on progress with the effectiveness of physical distancing interventions in Victoria, to inform understanding of the Chief Health Officer and other colleagues, including decision-makers.

## **Next steps for physical distancing interventions**

Scenario modelling and factors determining scaling back of physical distancing will be considered and incorporated in this section of the Plan.

Initial draft considerations relating to scaling back physical distancing interventions have considered – but not determined – whether factors like those listed below might prompt consideration.

Factors might include situations where:

- Societal tolerance of physical distancing measures is breached, or
- a vaccine is available and is being implemented, or
- underlying immunity ('herd immunity') is above a certain level (which is more than 70%, or calculated as  $1/R_0$ , based on current reproductive number of around 2.4-2.7), or
- transmission will lead to manageable illness within an agreed intensive care unit capacity level, or
- transmission has been interrupted, mitigated, or stopped for a certain period.

## Compliance and enforcement for physical distancing

### Purpose of this section

The purpose of this compliance protocol is to set out the compliance approach in relation to Deputy Chief Health Officer (D/CHO) directions under *Public Health and Wellbeing Act 2008* (PHWA).

### Scope of compliance and enforcement

The scope of enforcement and compliance activity will include persons and situations listed below:

- People under quarantine for any reason, including travel or close contact;
- People under isolation for any reason, including suspected cases and confirmed cases;
- Mass gatherings and any matter relating to any Direction relating to physical distancing, including visitation restrictions.

### Chain of command for enforcement and compliance

It has been agreed with the Chief Health Officer and Deputy Chief Health Officer that the chain of command for matters relating to physical distancing (especially and including enforcement and compliance actions) interventions – in particular the compliance and enforcement activities relating to directions - is:

- Chief Health Officer to
- Public Health Commander to
- Deputy Public Health Commander (Planning) to
- Director Health and Human Services Regulation and Reform to
- Manager Environmental Health Regulation and Compliance to (where necessary -
- Victoria Police).

### Strategy for compliance and enforcement

#### Intended outcome of compliance and enforcement activity

The outcomes being sought are to reduce the transmission COVID-19 through a range of interventions, including: quarantine for 14 days of those returning from overseas, isolation of those suspected to have or confirmed to have COVID-19, application of restrictions on non-essential mass gatherings, restricted entry into aged care facilities where vulnerable populations reside and closure of non-essential business. Actions should focus on achieving outcomes, be risk-based and minimise transmission risks in the Victorian community.

#### Strategy for focus of compliance and enforcement activity

The focus of activity will be on:

- Implementation of a mandatory detention program for new arrivals from overseas;
- Spot checks by Victoria Police of people who should be in quarantine or isolation;
- Mass gathering compliance and enforcement by Victoria Police.

These priorities will change, and likely expand into specific and more targeted risk-based compliance for highest-risk individuals in quarantine or isolation.

The department will consider enhanced monitoring arrangements and consider indicating to Victoria Police that other methods are considered, such as tracking of individuals through mobile phones, or random sampling calls to mobile phones of individuals if agreed. These methods are not yet formally under consideration.

#### Approach to compliance and enforcement – prioritisation framework for compliance activities

This will be based on a risk framework, based on public health risk.

An initial frame for Victoria Police was provided on 25 March 2020 and was:

- Cases diagnosed after midnight tonight.
- Passengers who have disclosed country visited in one of the higher risk countries? Which ones?
- Random selection of age cohorts from passenger list (of those who arrived less than 14 days ago) so that we can start to gauge which cohorts are the most likely to not comply.
- Pubs/clubs etc. (should be fairly easy to gauge with overnight crews.)
- Any allegations received from DHHS or VicPol Police Assistance Line.
- Selection of commercial premises mentioned in latest direction.

The proposed new preliminary order for focus of compliance and enforcement based on a public health risk assessment is (highest priority is first) from 26 March 2020 and updated 1 April 2020:

- Returned travellers from overseas who are in mandatory quarantine;
- Returned travellers from overseas who have indicated they do not intend to adhere to quarantine (self-isolation);
- Mass gatherings that are underway where there is alleged non-compliance with Directions;
- Cruise ships where there is potential or alleged non-compliance with Directions;
- Non-essential businesses where there is potential or alleged non-compliance with Directions;
- Confirmed cases who indicate they do not intend to isolate or are suspected not to be isolating;
- Known close contacts who indicate they do not intend to isolate or are suspected not to be isolating;
- Individuals where there is a report that a person is not adherent to quarantine or isolation;
- All other confirmed cases in relation to isolation Direction;
- All other close contacts;
- Prohibited gatherings (other than mass gatherings) that are underway or alleged non-compliance with Directions;
- Non-essential activities that are alleged to be non-compliant with Directions.

The Director of health and Human Services Regulation and Reform will communicate these priorities as a control agency advice to Victoria Police on a daily basis or as updated.

### **Linking members of the public to compliance action by Victoria Police**

Linking occurs by:

- Callers may select the social distancing advice line between 8am and 8pm at DHHS by calling 1800 675 398 and selecting option 2.
- Callers may speak to Victoria Police by calling 1800 675 398 and selecting option 4.
- Callers who come through to any other line should be referred to the 1800 675 398 line and advised to select option 4.
- Members of the public are encouraged to call the phone line, rather than emailing their concerns.
- If concerns are emailed from the public about compliance with directions excluding those that are about close contacts and confirmed cases, the email should be forwarded to the Victoria Police complaints inbox, which is [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

### **Department of Health and Human Services Liaison to Victoria Police**

The department has established a roster of Emergency Management Liaison Officers at the State Control Centre, associated with the Police Operations Centre. The roster for the EMLO is on the board at the State Emergency Management Centre.

The EMLO is provided with the details of the DHHS oncall Authorised Officer each day to pass onto the Victoria Police SPOC for the overnight periods when the EMLO position is unstaffed.

## Department of Health and Human Services initiation of compliance activity

If concerns are emailed from the public about compliance by close contacts and confirmed cases, the Operations Officer should oversee an investigation by the case and contact management team. If the case and contact management team assess that compliance action is required, they should contact the DHHS EMLO on the roster to agree how Victoria Police can assist, and may need to email details to the COVID-19 Victoria Police DHHS email address, which is [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

## Peer influence, education and community awareness to guide approach

It is anticipated that there will be high levels of voluntary compliance by those impacted by the Directions. This is due to high levels of community awareness, strong community support for measures to prevent transmission of COVID-19.

## Exercising a Direction and considerations of enforcement

DHHS authorised officers are empowered to direct a person to comply with a D/CHO Direction (exercising the emergency powers). Victoria Police can assist an authorised officer to exercise a direction. Victoria Police are now undertaking a range of actions, including enforcement actions such as infringements.

Consideration of enforcement action, such as a prosecution under the PHWA, should generally only be pursued where there is a deliberate intention to not comply and/or repeated failure to comply with a direction.

## Victoria Police COVID 19 Taskforce Sentinel

A Victoria Police taskforce of 500 officers will promote and assess compliance with directions and perform spot-checks, such as visiting those who have recently returned from overseas. The taskforce is coordinated through the Police Operations Centre. Information for spot checks can be provided directly to through Victoria Police SPOC.

## Victoria Police support to DHHS compliance activity

Victoria Police (VicPol) will support DHHS to respond to allegations of non-compliance with the directions. This includes:

- receiving reports of non-compliance with directions through the Victoria Police Assistance Line (1800 675 398 – option 4);
- seeking to influence compliance and address non-compliance through spot checks, reiterating obligations, providing education and issuing infringements;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

## Contacting the Victoria Police Special Operations Centre

Victoria Police Special Operations Centre private number **REDACTED** if a senior officer in DHHS needs to contact the SPOC directly for an urgent reason.

The DHHS EMLO to Victoria Police is available through a roster in the SEMC.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences to strengthen enforcement specifically around the emergency and public health risk powers. These are:

- hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units);
- refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse (10 penalty units for natural person and 30 penalty units for body corporate);
- refuse or fail to comply with a direction given to, or a requirement made of, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate);
- refuse or fail to comply with a direction, or a requirement made of, a person in the exercise of a powers under a authorisation (10 penalty units for natural person and 60 penalty units for body corporate).



## **Data management to support compliance and enforcement**

### **Department obtaining data on travellers for compliance**

Authorised officers are responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes. This upload will occur under the accountability of the Director of Health Regulation and Reform. Final arrangements being confirmed

### **Provision of data on agreed priority groups to Victoria Police for enforcement and compliance purposes**

On the direction of the Chief Health Officer, the Intelligence Officer has established a secure data portal for DHHS-Victoria Police data secure data sharing and provided a limited number of named Victoria Police officers in the COVID-19 response access. Information is being uploaded from Isolation Declaration Cards to a spreadsheet and then provided to the Intelligence Officer, who are then providing that information to Victoria Police for compliance purposes by a secure portal, on a daily basis. In conjunction with the priorities for compliance, Victoria Police can then take directed action. An information sharing agreement is under development.

Twice each day, the Intelligence Officer or delegate will upload the following to the data portal:

- Instructions on the use of the data;
- All active close contacts;
- All non-recovered confirmed cases;
- All new arrivals via scanned and uploaded Isolation Declaration Cards.

In coming days, data will be widened to include other groups if authorised by the Chief Health Officer. Further work is required to formally provide information on other categories for priority compliance activity

### **Specific procedures to support compliance and enforcement**

Personal protective equipment for authorised officers is provided through the PPE Taskforce and the Equipment and Consumables Sector of the response. This plan will specify source.

### **Digital platforms to aid contact tracing and enforcement and compliance**

The department will be implementing a new contact system to send daily health monitoring SMS messages to close contacts of confirmed COVID-19 cases and recently returned travellers who must isolate for fourteen days.

This system will use an Australian based system called Whispr to send messages to contacts in the department's public health monitoring systems.

People who receive these messages will be required to check in daily to:

- Confirm that they are in quarantine
- Whether they are well or experiencing COVID-19 symptoms
- Whether they have been tested and waiting for results.

Close contacts and returned travellers who are not isolating will be flagged by the system and can be further followed up as required.

This system became active from 26 March 2020.

Further work is underway to explore other systems for automating case and contact tracing.

### **Management of advice and exemption requests not relating to mandatory quarantine**

There is no exemption clause in the Restricted Activity Direction (formerly Essential Services Direction). There is an area where exemptions occur which is in clause 11 of the Hospital Visitor Direction.

Exemptions can only be considered when there is a provision within the Direction to allow an exemption to be considered.

The Directions and Detention order give rise, broadly, to three kinds of request for advice or consideration by individuals and the public –

- Permission to leave detention requests from people in detention in Victoria;
- Exceptional circumstances requests for people seeking to not be ordered into detention (who have not yet arrived in Victoria from overseas); and
- All other requests for advice in relation to Victoria's Directions (including exemption requests for certain parts of Directions).

Only this last category will be dealt with in this part of the Plan (all other requests for advice in relation to Victoria's Directions). The other two categories will be dealt with in the Mandatory Quarantine section of this Plan.

To be specific, requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function if they occur, and there should generally be a presumption that these requests are forwarded immediately (within two hours) to the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) email address for review by an Authorised Officer working directly to the Compliance Lead, as these are a high priority category of requests. The Authorised Officer will then follow the process outlined in a subsequent section of this Plan.

### **Process for seeking advice or requesting exemptions in relation to the Hospital Visitor Direction or other Direction**

The Authorised Officer should provide advice to the requestor consistent with the *COVID -19 DHHS Physical Distancing Plan* and the Directions that are in force. The Plan is an internal document and is not for provision to members of the public. Instructions in the Directions should generally be emphasised.

Further information and consultation for an exemption relating to a direction can be undertaken by calling 1800 675 398.

The process is:

- Members of the public can submit requests to the COVID Directions inbox, including in relation to asking for advice on directions, requesting an exemption in relation to the Hospitals Visitor Direction (although that is unlikely) or in relation to asking to not have a detention order applied, or requesting a grant of leave (permission) from detention;
- Requests for advice (or Hospital Visitor exemptions) that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether advice should be provided verbally or whether advice is appropriate in writing to resolve the request, noting legal advice can be sought at any time;
- Requests are then assigned into three categories –
  - Priority 1 requests – where there is a same day urgency and importance is high;
  - Priority 2 requests – where there is complexity, lower urgency and / or medium urgency;
  - Priority 3 requests – where the authorised officer has determined that advice is given by the call centre function or staff with no further action, preferably verbally or in some rarer cases in writing;
- For priority 3 requests or where the call centre lead determines the matter is clear, if advice in writing is deemed appropriate, a written response should generally only be provided using an agreed template response, as it is preferable that advice is generally verbal in relation to directions (**Appendix 6**);
- For priority 2 requests and only where the call centre lead needs further advice, these should be batched and provided as a set of emails including a recommendation in each to an informal panel of the Deputy Public Health Commander, Compliance Lead and Legal Services to be convened every 24 hours if needed;

- For priority 1 requests, the call centre lead should email through details and a recommendation and call the Authorised Officer working directly to the Compliance Lead and discuss, and can initiate calls to the Compliance Lead at the time;
- If a request is deemed reasonable to meet, the Compliance Lead submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and may call the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
- The Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
- The Public Health Commander communicates the outcome and the Compliance Lead is authorised to enact the outcome.
- Police will then be advised where any exemption is granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.

The Authorised Officer should then notify the requestor in writing the outcome of the decision of the Public Health Commander.

Formal documentation placed into the TRIM folder by the Deputy Public Health Commander or a tasking officer.

An audit of requests to check responses will be undertaken in due course, including a review of how advice was communicated publicly, if at all.

## **Protocols for investigating and managing potential breaches of Directions**

Information is included here for reference, as Victoria Police have assumed a more independent role as to undertaking compliance and enforcement activity, with strategic direction as to highest risk groups.

### Action to achieve compliance and address non-compliance

Following advice that Victoria Police can enforce directions, from 30 March 2020 Victoria Police is the primary agency responsible for investigating allegations of non-compliance and undertaking enforcement action, including the issuing of infringement notices.

Prior to this advice, existing arrangements involved referring alleged breaches to Victoria Police for investigation. If needed, Victoria Police would request DHHS authorised officer action and assistance, such as for issuing a direction.

Victoria Police may contact the DHHS Emergency Management Liaison officer seeking advice or clarification of particular circumstances

## **Reporting and evaluation of compliance and enforcement**

The department proposes a range of checks or surveys of individuals who are directed to be in quarantine or isolation, including checks or surveys, and key metrics for evaluation. More detail will be developed in due course. Victoria Police provide a daily report on enforcement and compliance activity.

## Plan for people returning from overseas to Victoria

### Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by creation of a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at <https://www.dhhs.vic.gov.au/state-emergency>

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection;
- To ensure effective isolation of cases should illness occur in a returned traveller;
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days;
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required;
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database;
  - A requirement to undertake checks every 24 hours by an authorised officer during the period of detention;
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

### Governance and oversight of the mandatory quarantine (detention) intervention

#### Lead roles

The Chief Health Officer and Deputy Chief Health Officer have instituted a policy, in keeping with a conclusion from National Cabinet, that leads to issuance of detention orders for people returned from overseas.

The following lead roles are involved in the oversight of the mandatory detention intervention:

- Deputy Chief Health Officer – decision to issue a detention notice or not;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on requests where a decision is needed whether to grant leave (permission);
- Director Health Regulation and Reform – is the Compliance Lead, for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention orders (for example including moving a person from one room to another);
- Deputy State Health Coordinator – lead for healthcare provision to persons in detention;
- Director Health Protection and Emergency Management – lead for welfare and implementation of healthcare provision to persons in detention;
- Department of Health and Human Services Commander – lead for logistics for provision of mandatory detention involving transport and accommodation.

#### Information management for people in mandatory detention

A business system is being developed by BTIM to assist with the management of the healthcare and welfare for people included in this intervention.

That system articulates with the PHESS database through a common link key.

Critical information about people in mandatory detention will be uploaded to PHESS at two points in the day as a download from the business system to be used.

To be determined: the master source of who has exited the airport in mandatory detention.

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention.

The Enforcement and Compliance section will ensure identities and basic compliance information of all persons in detention are entered onto PHESS through the twice daily upload process from the completed business system.

As a parallel system, Isolation Declaration Card (IDCs) are collected at the airport and batched and sent to an Australia Post call centre. The data is entered into a spreadsheet and sent to DHHS for cross entry into PHESS. This process takes approximately 24 hours. This can then be reconciled with any passenger list or people in detention list.

## **Enforcement and Compliance Command for Mandatory Quarantine**

### **Deliverables of the enforcement and compliance function**

The Director of Health Regulation and Compliance role is responsible for:

- Overall public health control of the detention of people in mandatory quarantine;
- Oversight and control of authorised officers administering detention;
- Administration of decisions to detain and decision to grant leave from detention.

### **Authorised officer\* and Chief Health Officer obligations**

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

DHHS staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the CHO. This authorisation under s.199 has an applicable end date; relevant AOs must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the DHHS Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on DHHS authorised officers including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.*



## Required authorised officer actions at the airport

The lead for this situation is the Compliance Lead through a lead Authorised Officer.

DHHS Authorised Officers\*:

- declare they are an Authorised Officer and show AO card [s.166] **(mandatory AO obligation)**
- must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:
  - explain the reasons for detention [s. 200(2)] **(mandatory AO obligation)**
  - warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply [s. 200(4)] **(mandatory AO obligation)**
- ensure the Direction and Detention Notice:
  - contains the hotel name at which the person will be detained
  - states the name/s of the person being detained
- record issue and receipt of the notice through a scanned photograph and enter into business system
- if necessary, facilitate a translator to explain the reasons for detention
- facilitate any reasonable request for communication, such as a phone call or email [s. 200(5)] **(mandatory AO obligation)**
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.
- use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.
- check the vehicle transporting detainees is safe (in accordance with the review of transport arrangements procedure)

If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.

\*DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

## Authorised Officer review of transport arrangements

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and detainees?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then vehicle must be cleaned in accordance with DHHS advice (business sector tab).
- Ensure the driver required to wear PPE?
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each detainee to complete enroute or at the hotel?

## People who are unwell at the airport

The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a DHHS staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment;
- The authorised officer from DHHS at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel.
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (comments as above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

### **Requirement for review each day**

- DHHS AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- DHHS AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - any other issues that have arisen.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>1</sup> becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

### **Additional roles of the AO**

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO going onto the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).

- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc.
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

### **Charter of Human Rights considerations in decision-making making process**

AO should consider the Charter of Humans Rights when exercising emergency powers and reviewing a person's detention every 24 hours, namely:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment** – This includes protecting detainees from humiliation and not subjecting detainees to medical treatments without their consent
- **Right to freedom of movement** – While detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – This includes protecting the personal information of detainees and storing it securely
- **Right to protection of families and children** – This includes taking steps to protect facility and children and providing supports services to parents, children and those with a disability
- **Property rights** – This includes ensuring a detainee's property is protected
- **Right to liberty and security of person** – this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** - This includes treating detainees with humanity

### **Mandatory reporting (mandatory AO obligation)**

A DHHS AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

### **Grant of leave from the place of detention**

This is a different legal test to that which applies after the notice is issued. It relates solely to the granting of leave (permission) and requires a different process and set of considerations.

The detention notice provides for a 24-hour review (which is required by legislation) to assess whether ongoing detention is needed, and, in addition, a person may be permitted to leave their hotel room on certain grounds, including compassionate grounds.

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is

made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

### **Potential mechanisms for grant of leave from detention**

Noting that there are broadly two mechanisms available to the authorised officer on behalf of the Compliance Lead / Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the authorised officer (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained.

The Public Health Commander could determine that detention should be served in an alternative location to a hotel, by writing a detention order to that effect.

### **Potential reasons for permission to grant leave from detention**

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be exceptional and always based on an individual review of circumstances.

In the following circumstances there could be consideration of permission grant after an application to the Deputy Chief Health Officer however this will require permission:

- A person who has a medical treatment in a hospital;
- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- An unaccompanied minor (in some circumstances – see below);
- Instances where a person has a reasonably necessary requirement for physical or mental health or compassionate grounds to leave the room, as per the detention notice.

Note that the last category is highly subjective. This means it is the expectation of the authorising environment that exemption applications on those grounds are made on exceptional circumstances.

### **Process for considering requests for permission to leave or not have detention applied**

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects their ability to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in **REDACTED** and **REDACTED**.

### **Considerations**

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function, and should always be funnelled through the COVID Directions inbox. That will allow that inbox to be a complete repository of all categories of requests for permission, exceptional circumstances requests and advice / exemption requests.

There should then be a presumption that these requests are forwarded immediately (within two hours) to [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for review by an Authorised Officer working directly to the Director lead for compliance and enforcement, as these are a high priority category of request.



## Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

### 1. For the purpose of attending a medical facility to receive medical care

- D/CHO or Public Health Commander will consider circumstances determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- In particular circumstances, an on-site nurse may need to determine if medical care is required and how urgent that care may be. DHHS AO officers and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Regulation and Compliance officer to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.

### 2. Where it is reasonably necessary for physical or mental health; or

See *policy on permissions and application of mandatory detention*

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- If approval is granted:
  - the AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, DHHS authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which detainees are temporarily outside their premises at any one time.

### 3. On compassionate grounds;

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention*
- The AO must be notified if a detainee has been granted permission to temporarily leave their room and under what circumstances.

### 4. Emergency situations must also be considered.

- DHHS authorised officers and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to detainees
- if deemed that numerous detainees need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- the accompanying DHHS authorised officer or a Victoria Police officer should ensure that all relevant detainees are present at the assembly point by way of a register of detainees.

The process for a person not yet in detention is:

- Members of the public who wish to ask for detention not to be applied, or permission to be granted to leave, have the option of submitting a request in writing to the COVID Directions inbox;
- Authorised officers should also use the COVID Directions inbox to submit requests for detention not to be applied or permission to be assessed so that the COVID Directions inbox is a complete funnel for handling these requests;

- All requests for permission that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management (lead for COVID-19 Directions) who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether the application should proceed to the next step. There is a policy view – outlined in this Plan – that exceptional circumstances are generally required for the Authorised Officer to NOT issue a notice of detention for an overseas arrival;
- If a request is determined to require to proceed, it should then be sent to [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for review by the AO reporting directly to the Direct E+C;
- The Compliance Lead will seek legal advice and a discussion with the Deputy Public Health Commander urgently if required;
- The outcome will be recorded in writing and communicated back to the COVID Directions team and requestor in writing.

### **Policy on unaccompanied minors**

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly;
- Person can easily contact parent / guardian;
- Has adequate food;
- Remote education is facilitated.

A draft detention notice is being put together by Legal Services should this be required.

#### When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

#### When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

Whilst it may be acceptable for older children (16 – 18 year old) to be in quarantine without their parent(s) or guardian, it's likely to be unacceptable for younger children (12 or 13 years old or younger) and in that situation it's more appropriate to defer an alternative arrangement (i.e. parents join them in quarantine or quarantine at home).

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

We'll need to ensure that authorised officers monitoring unaccompanied minors have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

#### When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

#### When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at Appendix 7.
- A guideline for authorised officers in this respect is found at Appendix 8.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and department.

### **Working with Children Checks and Child Safe Standards**

DHHS will work with Department of Justice and Community Safety to facilitate Working With Children Checks for Authorised Officers.

### **Escalation of issues**

Should an AO become aware of any concern about a child, the AO must:

- contact DHHS welfare teams immediately
- contact after hours child protection team and Victoria police if AO thinks a child may be harmed

### **Release from mandatory quarantine (detention) after 14 days**

The fourteen-day period is calculated from the day following arrival of the person in Australia and ends at midnight fourteen days later/

DHHS Authorised Officer prior to release should:

- review the case file and ensure the 14 day detention has been met.
- liaise with on-site nurse to check the detainee meets the following – i.e. no symptoms of COVID-19 infection;
- any physical checks of the room (damage, missing items, left items etc).

### **Supporting detainee to reach their preferred destination:**

- DHHS organise for the detainee to be transported to their destination by completing a cab charge, Uber or appropriate mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

DHHS AO to update the business systems database with details of release.

### **Options to facilitate compliance**

DHHS authorised officers should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide an DHHS authorised officer:

- explain the important reasons for detention, that is this action is necessary to reduce the serious risk to public health (**mandatory obligation**)

- provide the person subject to detention with a fact sheet and give opportunity to understand the necessary action
- provide the person subject to detention opportunity to communicate with another person, including any request for a third-party communicator (such as translator), family member or friend (**mandatory obligation**)
- seek assistance from other enforcement agencies, such as Victoria Police, to explain the reason for detention and mitigate occupational health and safety concerns
- discuss matter with on-site nurse to ascertain if there are any medical issues that may require consideration or deviation from the intended course of action
- issue a verbal direction to comply with the Direction and Detention Notice
- advise that penalties may apply if persons do not comply with the Direction and Detention Notice
- recommend that Victoria Police issue an infringement notice if there is repeated refusal or failure to comply with a direction
- recommend Victoria Police physically detain the non-compliant individual for transfer to another site.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches the direction.

### **Transfer of uncooperative detainee to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)**

It is recommended that a separate mode of transport is provided to uncooperative detainees to hotel or other for 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

### **Unauthorised departure from accommodation**

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the DHHS authorised officer should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, DHHS authorised officer should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches a direction.

### **Occupational health and safety for Authorised Officers**

See **Appendix 9** for Occupational health and Safety measures.



## Logistics for Mandatory Quarantine

### Deliverables of the logistics function

The Director of the Office of the Secretary in DJPR role is responsible for:

- contract management with accommodation providers;
- transport arrangements from the airport;
- material needs including food and drink.

### Airport and transit process

The lead for this situation is the DHHS Authorised Officer.

Passengers pass through immigration, customs and enhanced health checks before being transferred to their hotel.

- Every passenger is temperature checked by a registered nurse (RN) contracted by DHHS.
- Every passenger is handed a copy of the direction and a detention notice by a DHHS Authorised Officer (AO) authorised under the emergency provisions of the *Public Health and Wellbeing Act 2008*.
- Every passenger is provided an information sheet by DHHS.
- Passengers are met by VicPol/Border Force and escorted to organised buses for transport to the hotel.
- Every passenger is given a single-use facemask to wear while in transit to their hotel room.
- Every passenger is given a welfare survey to fill out on the bus or at the hotel.

## Health and welfare for Mandatory Quarantine

### Deliverables of the health and welfare function

The Deputy State Health Coordinator role is responsible for:

- provision of healthcare to detainees;
- provision of welfare to detainees through the Director Health Protection and Emergency Management.

### Potential threats to health and wellbeing of people in mandatory detention

Potential risks associated with detention of returned travellers for compulsory 14-day quarantine can broadly be divided in physical or mental health risks.

Physical risks	Mental health risks
Transmission/development of COVID-19	Family violence
Transmission of other infectious diseases	Depression
Other medical problems	Anxiety
Diet – poor/imbalanced diet, food allergies/intolerances, over-consumption	Social isolation/loneliness
Lack of exercise	Claustrophobia
Lack of fresh air	Drug and alcohol withdrawal
Smoking – nicotine withdrawal, risk of smoking within rooms/fire hazard	

### Tiers of risk for persons in mandatory detention

- Residents will be triaged into three tiers of risk. The type of welfare check will depend on the tier the passenger falls into.

- For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.
- Automated text messages are sent to all passengers in tier 3 via Whispir.
- Residents may be moved between risk tiers throughout their quarantine period as need dictates.

Risk Tier	Risk factors	Welfare check type
Tier 1	Residents with suspected or confirmed COVID-19 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions)	Daily phone call
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispir)

### Arrival at hotel – check in

At hotel check-in:

- Detainee provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Detainee provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify detainees with medical or special needs.
- AO to note detainees with medical or special needs, such as prescription and medical appointments.

Persons will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

### Welfare and health service provision

- Residents will have a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:

- Primary care assessments;
- Prescription provision;
- 24 hour access to a general practitioner;
- 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### **Conduct of a welfare check**

A welfare check will allow passengers to be assessed for medical and social issues, and concerns flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. A welfare check will be conducted by a DHHS officer which is included as a script at **Appendix 5**.

### **Safety / mental health**

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

### **Family violence (FV)**

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

### **Alcohol and other drugs**

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

### **Diet**

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.
- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with staff.
- Ensure access to additional food if required.

### **Exercise and fresh air**

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

- Residents should be provided with resources for exercise routines and yoga/mediation that they can perform safely within their rooms.

### **Procedure for a detainee / resident to leave their room for exercise or smoking**

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.

The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask);
- Perform hand hygiene with alcohol-based handrub as they leave;
- Be reminded to – and then not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask;
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

### **Social and communications**

- All residents should have access to **free** wifi/internet where at all possible.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.
- Toys and equipment should be provided for small children if possible.

### **Care packages for people in detention**

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in detention. The care package should be provided to the hotel reception or other party for conveyance to the person in detention and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in detention without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

### **Smoking policy for people in detention**

As part of the emergency response to COVID-19, individuals have been confined within hotels while under quarantine. The movement of these people has been restricted to hotel rooms, without access to outdoor spaces, where they can smoke.

#### Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

In many cases, hotels have implemented their own smoke-free policies in rooms as the smoke is likely to enter the centralised air conditioning systems resulting in occupants of other rooms and staff being exposed to the smoke. Smoke also remains on the surfaces of the room and permeates soft furnishings meaning that it remains in the

room and exposes staff cleaning the room to the remaining residual smoke. The Department of Health and Human Services supports and encourages hotels to designate their rooms smoke-free.

If smokers were to be permitted to leave their rooms for supervised cigarette breaks, they would need to be taken to an area that does not constitute an enclosed workplace. This might be a balcony, roof top or other outdoor area. This area should preferably be away from open windows, doors and air conditioning intake points.

#### COVID-19 and smoking

The World Health Organization (WHO) has advised that any kind of tobacco smoking is harmful to the bodily systems, including the cardiovascular and respiratory systems, and puts smokers at greater risk in the context of COVID-19. Information from China, where COVID-19 originated, showed that people with cardiovascular and respiratory conditions, including those caused by smoking, were at higher risk of developing severe COVID-19 symptoms and death.

The Victorian Chief Health Officer has recommended that quitting smoking reduces the health risks associated with COVID-19.

#### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable to smoke. This includes mental health facilities, prisons and, if people are unable to leave, hospitals. In these circumstances, individuals are supported to manage cravings using pharmacotherapies such as nicotine replacement therapies.

#### Victoria's Charter of Human Rights and Responsibilities

Removing the ability to smoke would be compatible with the *Charter of Human Rights and Responsibilities Act 2006 (the Charter)*, as it would be for the purposes of protecting the right to life. Section 9 of the Charter states that "Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life."

#### Options

##### *Option 1: Provide support for smokers to quit or manage cravings (Recommended)*

The preferred option, for both the benefit of the individual and broader community would be to support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

This could be easily managed through the provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. Quit Victoria has recommended a box of patches and an intermittent form of NRT such as a spray. These items are available for purchase without a prescription from a range of retailers including pharmacies and some big supermarkets.

Other pharmacotherapies, like zyban or champix, would require a prescription from a GP and are designed to help people completely quit as opposed to a short-term measure for people who are forced to stop smoking abruptly. These medications can take a while to take effect and, with champix, the advice is to continue smoking until it starts to impact on your cravings which means that it would not be an appropriate option for the circumstances.

Addiction to cigarettes includes both nicotine dependence and a behavioural and emotional dependence, which is why counselling plus pharmacotherapy is required. Someone who is heavily addicted will crave a cigarette every 45-60 minutes.

Telephone counselling is available via the Quitline - 13 78 48

Even if someone doesn't want to quit, Quitline can help them reduce the number of cigarettes they smoke.

People can also contact their regular general practitioner via telehealth.

##### *Option 2: Relax no smoking restrictions for the hotel rooms*

While it would be legally possible to enable people in quarantine to smoke in their rooms, this option is not recommended. This would have an adverse impact on hotels and their staff and goodwill in the circumstances. It



would also increase the health risks of individuals potentially already at risk of COVID-19. When sharing a room with children, smoking should not be allowed.

*Option 3: Accompany individuals to leave the room to smoke*

While it would be possible to create a smoking area for people wishing to smoke, such as in an outdoor drinking area attached to a bar or restaurant facility, this option is not recommended. Allowing people to leave their hotel rooms to smoke undermines the quarantine restrictions being put in place. The individuals would need to be accompanied by security guards and might need to travel floors via lifts to access an outdoor area or leave the building.

Even if we assume, that the hotel is not currently operating for other customers, movement in the hotel creates an increased risk for staff and a need for greater vigilance in cleaning and maintaining distance.

Current policy for smokers in mandatory quarantine

The following actions should occur –

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;
- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
  - They return immediately to their hotel room.

**Other health and wellbeing issues**

- All residents should be given the contact information for support services such as Lifeline at the beginning of their quarantine period (the information sheet they are provided with at the airport should also have these contact numbers).
- Residents should have access to fresh bedlinen and towels as required.
- Care packages may be permitted for delivery to residents under certain circumstances and subject to checks by AOs.
- Residents can be provided with up to three standard drinks per day if there is a risk of alcohol withdrawal (this is in preference to prescribing benzodiazepines for withdrawal).
- Other residents can also request alcoholic drinks as part of their food and drink provisions.
- Smoking breaks or NRT should be offered to all smokers if feasible.

**Actions to detect and test for COVID-19 amongst people in mandatory detention**

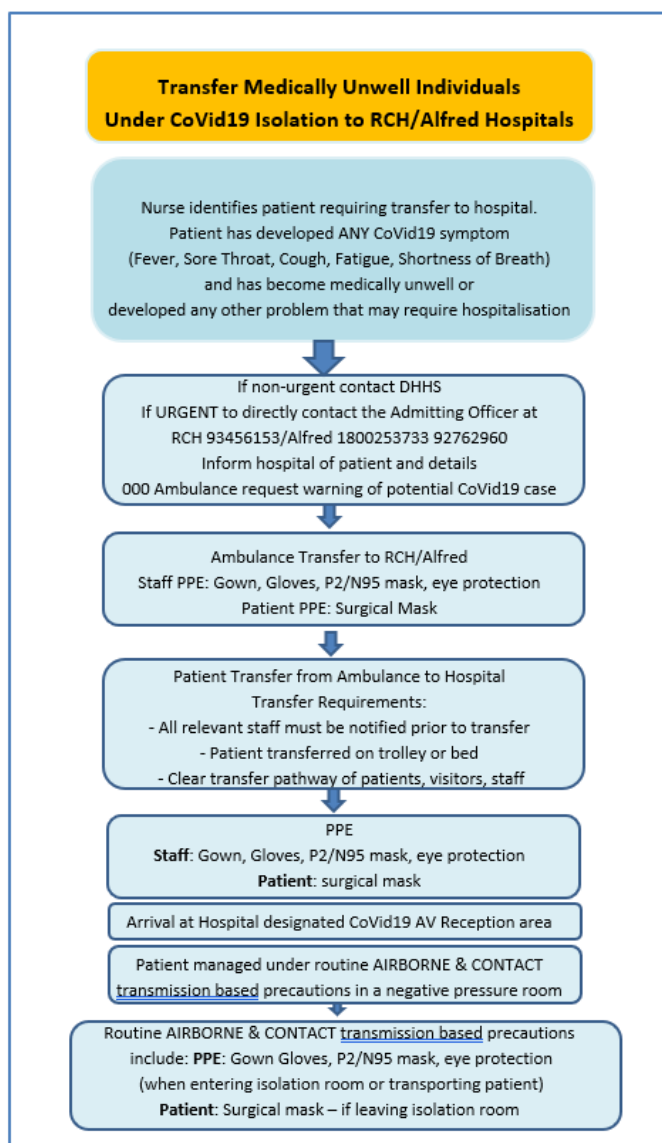
The following are the actions to enact this:

- Detainees will be asked daily (via phone or text) if they have symptoms consistent with COVID-19. These include but are not limited to fever, cough, shortness of breath and fatigue.
- The nurse onsite will be notified. The nurse will call the detainee (patient) and assess them over the phone. If face to face assessment is required, the nurse will assess them in the room with appropriate PPE.
- Security staff in PPE (masks and gloves) will accompany all nurses visiting hotel rooms. They will wait outside unless requested to enter by the nurses (full PPE is required to enter rooms).
- The nurse will assess the patient for symptoms of coronavirus. If deemed necessary, they will take swabs to test for COVID-19.
- If the patient is well enough, they can remain in quarantine at the hotel to await the test results. If they are sharing a room with another resident, they should be moved to a separate room if feasible and according to availability of rooms. If separation is not possible, they should practise physical distancing as far as is possible.

- If the test is positive and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required, depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

### **Hospital transfer plan**

- Passengers requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is non-urgent, contact DHHS.
- If the hospital transfer is urgent, contact the Admitting Officer at RCH/RMH/the Alfred.
- Inform the hospital of patient and details.
- Call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer.
- AO must view appropriate authorisation.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.



Note P2 respirators are not required, but appear in this chart as an indicative mask, pending modification of this chart to reflect recommendation that a single use facemask is required.

### Actions for confirmed cases of COVID-19 in people in mandatory detention

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers.

### Personal protective equipment (PPE)

Staff who engage with monitoring or assisting persons in mandatory detention in person:

- Apply standard infection prevention and control precautions at all times:
  - maintain 1.5 metre distance
  - wash your hands or use anti-bacterial agents frequently
  - avoid touching your face.
- Every situation requires a risk assessment that considers the context and client and actions required.

3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
  - a. fluid-resistant surgical mask (replace when moist or wet)
  - b. eye protection
  - c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

### **Cleaning of rooms**

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room.

### **Reporting and evaluation on mandatory quarantine**

A report will be prepared to summarise the activity of the program, and provided to the Deputy Chief Health Officer on a regular basis in confidence.

## Communication and education

A communications plan for physical distancing is being developed to ensure the public receive timely, tailored and relevant advice on physical distancing measures.

The current collateral for the Victorian public and health sector to communicate on physical distancing requirements in Victoria includes items on the web and other locations:

### Stay at home and restrictions:

- Coronavirus website homepage tile and webpage with detailed information on restrictions:
- [www.dhhs.vic.gov.au/stay-home-and-restricted-activities-directions-frequently-asked-questions](http://www.dhhs.vic.gov.au/stay-home-and-restricted-activities-directions-frequently-asked-questions)

### Physical distancing and transmission reduction measures:

- Coronavirus website homepage tile and webpage with general information on physical distancing.
- [www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures](http://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures)
- Uploadable Victorian physical distancing document in keeping with that tile's web content, located at TRIM HHSD/20/142098

### State of emergency and directions:

- Coronavirus website tile and webpage with PDFs of the signed Directions.
- [www.dhhs.vic.gov.au/state-emergency](http://www.dhhs.vic.gov.au/state-emergency)

### About coronavirus general information:

- Coronavirus website tile and webpage with general hygiene and physical distancing information.
- [www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19](http://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19)

### Media (proactive and reactive):

- Daily interviews and press conferences by the Chief Health Officer, Premier, Minister for Health and Ambulance and the Public Health Commander
- Announcements will be made by the Premier/Minister/CHO at a media conference.
- A daily media release from the department will contain latest information on measures.

### Social media posts on physical distancing

- Daily posts on DHHS and VicEmergency social media accounts.
- Live streams of press conferences on Facebook
- Social media FAQs for responding to community via social media channels

### Videos on physical distancing

- Series of Chief Health Officer videos on self-isolation, quarantine and physical distancing

## Appendix 1 - Standard emails and letter advice for compliance and enforcement

The following templates are generic and educative in nature. DHHS officers should adapt the tone and content according to risk and individual circumstances.

### Airport arrivals

Dear (insert name),

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.

We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Airport Arrivals direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that: a person who arrives between 5 pm on 18 March 2020 and midnight on 13 April 2020 at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia:

- must travel from the airport to a premises that is suitable for you to reside in for 14 days; and/or
- except in exceptional circumstances, must reside in a suitable premises for the period beginning on the day of your arrival and ending at midnight on the fourteenth (14th) day after arrival);
- must not leave the premises except:
  - for the purposes of obtaining medical care or medical supplies
  - in any other emergency situation circumstances where it is possible to avoid close contact with other persons; and
- must not permit any other person to enter the premises unless that other person usually lives at the premises, or the other person is also complying with this direction for the same 14 day period, or for medical or emergency purposes also complying with the CHO direction, or for medical or emergency purposes).

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this email/letter.

### Why it is important to comply with the Chief Health Officer's direction

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

Persons entering Victoria are at an increased risk of COVID-19. That is why a person entering Victoria from overseas must self-isolate for a period of 14 days in accordance with the Deputy Chief Health Officer's direction. Failure to self-isolate in accordance with the Deputy Chief Health Officer's direction may increase transmission of COVID 19 within our community.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

### Mass gatherings

Dear (insert name)

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.



We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Mass Gatherings direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that:

- A person who owns, controls or operates premises in Victoria must not allow a mass gathering to occur on premises
- A person must not organise a mass gathering on premises in Victoria.

A mass gathering means:

- A gathering of five hundred (500) or more persons in a single undivided outdoor space at the same time; or
- A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.

A number of exclusions exist such as at an airport and a hotel, motel or other accommodation facility that is necessary for the normal operation of accommodation services.

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this letter/email.

### **Why it is important to comply with the Deputy Chief Health Officer's direction**

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

The restrictions are designed to limit transmission of COVID in places where there is high density of individuals in close proximity. This is because many individuals have been identified as being infected with COVID-19 and more cases are expected.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

## Appendix 2 – Evidence on physical distancing interventions for reducing impact of COVID-19

Last updated 27 March 2020

This document provides a review of evidence regarding the effectiveness of physical distancing interventions on the COVID-19 epidemic. As evidence is rapidly emerging this document may not contain all relevant available information. It also contains some references to reports and pre-prints that have not undergone peer-review. Therefore, caution should be taken in interpretation. Furthermore, as new evidence emerges the picture of the effectiveness will change. This document will be updated to reflect the changing evidence base.

### Introduction

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. It is an example of a non-pharmaceutical intervention (NPI) that can be employed to control a disease outbreak. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures. Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

This review consists of three parts:

- A review of the epidemiological features of COVID-19 and their implications for physical distancing in COVID-19
- A review of modelling analyses estimating the effects of physical distancing on the COVID-19 epidemic
- A review of evidence regarding physical distancing measures in the setting of pandemic influenza

## 1. Epidemiological features of COVID-19 that impact the effectiveness of physical distancing measures

### 1.1 Reproductive number

The basic reproductive number ( $R_0$ ) is the number of individuals a single infected individual will infect in an otherwise fully susceptible population. This value will be influenced by features inherent to the pathogen, and characteristics of the population, such as population density and the nature and frequency of human-human interactions. As such, there is no single true value of  $R_0$  for any disease, including COVID-19, as it will be influenced by population-specific factors.

Published estimates of  $R_0$  for COVID-19 have ranged between 2.1 and 3.58. (1–6)

### 1.2 Modes of transmission

Early evidence suggests that SARS-CoV-2 (the virus that causes COVID-19) is primarily transmitted via respiratory droplets transmitted during close contact, and via fomites. (7) However, there is evidence of viral shedding in faeces (8) and viral persistence in aerosols (9,10), suggesting that aerosol and faecal-oral transmission may also occur. Transmission may also be possible via ocular surfaces. (11)

### 1.3 Timing of transmission

Analyses of viral shedding suggest that the time of peak viral load is early in the course of illness, around the time that symptoms develop, and that viral load then reduces over time. (10) The median duration of detected viral shedding of 191 patients in Wuhan was 20.0 days (IQR: 17.0-24.0 days) in survivors. (12) Importantly, these measurements of viral load cannot distinguish infectious from non-infectious virus. Although the two types of virus

are often correlated early in influenza, we cannot say for sure for whether the same holds for COVID-19 at this stage.

Evidence from case and cluster reports (13–15), and several epidemiological analyses (16–19) suggest that COVID-19 can be transmitted prior to the onset of symptoms.

#### **1.4 Incubation period**

An analysis of 55,924 laboratory-confirmed cases, found the mean incubation period was estimated to be 5.5 days. (7) Another analysis of 181 confirmed cases outside of Hubei Province found the mean incubation period to be 5.1 days (95% CI: 4.5-5.8 days). (20)

#### **1.5 Duration of illness**

An analysis of the clinical course of 52 critically ill adult patients with SARS-CoV-2 pneumonia who were admitted to the intensive care unit (ICU) of a Chinese hospital in late December 2019 and January 2020, found the median time from symptom onset to death was calculated to be 18 days. (21)

#### **1.6 Demographic features of COVID-19**

In general, COVID-19 causes a much more severe illness in older people, with case-fatality rates increasing with age, particularly for those aged 80 years and older. (7,22)

Children have thus far accounted for few cases of COVID-19 and are unlikely to have severe illness. (23) However, the role of children in transmission of COVID-19 remains unclear. In a pre-print analysis of household contacts of cases, it was found that children were infected at the same rate as older household contacts. (24) In the report of the WHO-China joint mission it was noted that children accounted for 2.4% of cases, that infected children had largely been identified through contact tracing, and there was no recollection of episodes of transmission from child to adult. (7)

#### **1.7 Overview of the impact of key epidemiological features for physical distancing interventions**

Key points arising from these epidemiological features are:

- COVID-19 is highly transmissible, and although close contact is more likely to result in transmission, transmission may be possible from minor contact, or through contact with infectious surfaces
- The COVID-19 epidemic in many areas is following exponential growth patterns, so case counts can be expected to rise rapidly
- As evidence suggests that people can transmit COVID-19 prior to the onset of symptoms, and because infectiousness appears to be highest at the time of symptom onset, isolating cases at the point of symptom onset may be inadequate to prevent transmission
- As there is a delay between infection and symptom onset and a delay between symptom onset and case detection, there will be a delay (of roughly 10 days) between implementation of an intervention and seeing its impact on case counts
- As there is a delay between symptom onset and death, there will be an even longer delay to seeing the impact of interventions on death rates (up to two weeks)
- The role of children in COVID-19 transmission remains unclear and would have significant implications for the effect of school closures on the epidemic

## **2. Modelling studies evaluating potential impact of physical distancing interventions for COVID-19**

### **2.1 Modelling the impact of physical distancing interventions**

This will be updated.

### 2.1.1 Imperial College report on non-pharmaceutical interventions

Ferguson et al of Imperial College published a report estimating the impact of a range of non-pharmaceutical interventions (physical distancing interventions) on the COVID-19 epidemic in the UK and the US. (26) Effects of different combinations of population-level interventions were reviewed. The report describes two alternative strategies: suppression and mitigation. It describes suppression as aiming to reduce the R value to less than 1, resulting in transmission ceasing in the population. Mitigation, however, aims to reduce the impact of the epidemic, whilst infection builds up in the community, rather than causing transmission to cease. Actions towards mitigation would include preventing infection amongst those most vulnerable to severe disease and slowing the rate of infection.

The report suggests that an approach of mitigation would result in the critical care capacity being overwhelmed many times over, resulting in hundreds of thousands of deaths. Only a combination of very strong measures taken together (including case isolation, household quarantine, general social distancing, school and university closure) is predicted to avoid critical care capacity being overwhelmed.

The report suggested that if suppression is being pursued, then earlier implementation is better, but if mitigation is being pursued then it is better to implement interventions closer to the peak of the epidemic. School closures were estimated to have a greater role on a suppression strategy, rather than mitigation. The modelling also suggested that relaxing the intervention whilst the population remained susceptible would result in a later, large peak that would also overwhelm critical care capacity, suggesting that policies may need to remain until a vaccine was available.

The report concluded that suppression seemed the only viable option, given that mitigation would result in health care capacity being overwhelmed many times over. However, they noted the uncertainty in whether a suppression approach could be achieved, as well as the uncertainty in modelling estimates.

### 2.1.2 Early modelling analysis from Australia

A modelling analysis, published as a pre-print, conducted by Australian researchers, Chang et al (27) suggested that the best intervention strategy is a combination of restriction on international arrivals to Australia, case isolation, and social distancing with at least 80-90% compliance for a duration of 13 weeks. They noted that compliance levels below this would lengthen the duration of required suppression measures. They also note that resurgence of disease is possible once interventions cease, and their analysis does not attempt to quantify the impact of measures beyond the 28-week horizon of analysis.

Another Australian pre-print analysis by Di Lauro et al (28) reviewed the optimal timing for “one shot interventions”, interventions that are assumed to only be able to be implemented once in the course of an epidemic and for a finite time period. This suggested that optimal timing depended on the aim of the intervention; that to minimise the total number infected the intervention should start close to the epidemic peak to avoid rebound once the intervention is stopped, while to minimise the peak prevalence, it should start earlier, allowing two peaks of comparable size rather than one very large peak.

### 2.1.3 Modelling the impact of physical distancing interventions in China

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number ( $R_t$ ) in Wuhan declined from 2.35 (95% CI 1.15–4.77) 1 week before travel restrictions were introduced on Jan 23, 2020, to 1.05 (0.41–2.39) 1 week after.

An pre-print analysis by Lai et al (30) suggested that without the non-pharmaceutical intervention implemented in China (early detection and isolation of cases, travel restrictions and reduction of interpersonal interactions) the number of infections in Wuhan would have been many fold higher. They suggested that had the NPIs been conducted one week, two weeks, or three weeks earlier in China, cases could have been reduced by 66%, 86%, and 95%, respectively. They also suggested that social distancing interventions should be continued for the next few months to prevent case numbers increasing again after travel restrictions were lifted on February 17, 2020.

A pre-print analysis by Prem et al (31) reviewed the impact of China's interventions on social-mixing patterns and estimated the effects of different approaches to lifting the interventions. They suggested that control measures aimed at reducing social mixing can be effective in reducing the magnitude and delaying the epidemic peak. They suggested the interventions would have the most impact if continued until April, and if return to work was staggered. These results were sensitive to the duration of infectiousness and the infectiousness of children.

## **2.2 Modelling the potential impact of case isolation and contact tracing**

An analysis by Hellewell et al (32) considered the possibility of controlling a COVID-19 outbreak with contact tracing and case isolation alone. Under some parameter assumptions it was possible to control the outbreak without the need for physical distancing measures. However, the probability of controlling the outbreak in this way decreased with an  $R_0$  of 2.5 or 3.5, when there was a larger initial infectious population, a longer delay to case detection and a larger proportion of pre-symptomatic transmission. The study concludes that "in most plausible outbreak scenarios, case isolation and contact tracing alone is insufficient to control outbreaks, and that in some scenarios even near perfect contact tracing will still be insufficient, and further interventions would be required to achieve control."

A pre-print analysis by Kretzschmar et al (33), suggests it is unlikely that case isolation and contact tracing alone could control a COVID-19 outbreak. They note that if delay between onset of infectiousness and isolation is more than 4 to 6 days, or the proportion of asymptomatic cases is greater than 40% the outbreak cannot be controlled even with perfect tracing. However, they note that contact tracing efforts can still be a valuable tool in mitigating the epidemic impact.

## **2.3 Modelling the impact of school closures for COVID-19**

An early report from Di Domenico et al (34), used data from three French towns with COVID-19 outbreaks and assumed children had a susceptibility to COVID-19 of 20% relative to adults and relative infectiousness of 50%. With these assumptions they suggested that school closure alone would have limited benefit in reducing the peak incidence (less than 10% reduction with 8-week school closure for regions in the early phase of the epidemic). However, when coupled with 25% adults teleworking, 8-week school closure would be enough to delay the peak by almost 2 months with an approximately 40% reduction of the case incidence at the peak.

## **3. Evidence on physical distancing measures for pandemic influenza**

There are important differences between the COVID-19 pandemic and previous influenza pandemics. Three important differences are:

- It is well established that school children play a major role in spreading influenza virus because of higher person-to-person contact rates, higher susceptibility to infection, and greater infectiousness than adults. In contrast, children have accounted for fewer cases in the COVID-19 pandemic and their role in transmission is unclear.
- Pandemic influenza is thought to have a shorter incubation period (approximately 2 days) compared to COVID-19 (approximately 5 days).
- There is likely a greater proportion of severe and critical cases of COVID-19, than in pandemic influenza. (35)
- However, the evidence regarding physical distancing measures on influenza pandemics may still provide some insight into the role they may play in the response to COVID-19.

A recent review (prior to the COVID-19 outbreak) by Fong et al (36) surveyed the evidence for NPIs in pandemic influenza, in particular the effects of school closures, workplace measures and avoiding crowding.

### **3.1 School closures**

They found compelling evidence that school closure can reduce influenza transmission, especially among school aged children. However, the duration and optimal timing of closure were not clear because of heterogeneity of data, and transmission tended to increase when schools reopened.



A correlation analysis between weekly mortality rates and interventions (which included school closure) during the 1918–19 pandemic in cities in the United States estimated that early and sustained interventions reduced mortality rates by  $\leq 25\%$ . (37)

Two studies conducted in Hong Kong as a public health response to the 2009 influenza A(H1N1) pandemic estimated that school closures, followed by planned school holidays, reduced influenza transmission. (38,39)

Two studies conducted in Japan estimated that due to reactive school closures the peak number of cases and the cumulative number of cases in the 2009 pandemic were reduced by  $\approx 24\%$  (40) and 20% (41). However, two studies (one evaluating the response to the 2009 pandemic and the other seasonal influenza) estimated that reactive school closures had no effect in reducing the total attack rate and duration of school outbreaks, and the spread of influenza. (42,43)

It is important to note that school closures can have a disproportionate impact on vulnerable groups (eg low-income families), particularly when meals are provided by schools. This could be ameliorated by dismissing classes but allowing some children to attend schools for meals or enable parents to work. It has also been noted that school closures may have an impact on health workforce availability, as health care workers may have to care for children.

### 3.2 Workplace interventions

A systematic review of workplace measures by Ahmed et al (44) concluded that there was evidence, albeit weak, to indicate that such measures could slow transmission, reduce overall attack rates or peak attack rates, and delay the epidemic peak. In this review, epidemiological studies reviewed the effects of segregating persons into small subgroups and working from home. Modelling studies most frequently simulated the effects of workplace measures as reducing contacts by 50%.

In this review, for studies modelling  $R_0 \leq 1.9$ , workplace social distancing measures alone (single intervention) showed a median reduction of 23% in the cumulative influenza attack rate in the general population. Workplace social distancing measures combined with other nonpharmaceutical interventions showed a median reduction of 75% in the general population. However, the effectiveness was estimated to decline with higher  $R_0$  values, delayed triggering of workplace social distancing, or lower compliance.

Paid sick leave could improve compliance with a recommendation to stay away from work while ill. (45,46)

### 3.3 Avoiding crowding

The review by Fong et al (36) identified three studies that assessed the effects of measures to avoid crowding (such as bans on public gatherings, closure of theatres) in pandemic influenza. These suggested that such measures helped to reduce excess mortality in the 1918 pandemic and a natural study comparing the effect of accommodating pilgrims for World Youth Day in smaller groups rather than a large hall reduced transmission in 2008.

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## Appendix 3 – Physical distancing international comparison

This will be updated by REDACTED / REDACTED in due course.

## Appendix 4 – Hotel Isolation Medical Screening Form

DHHS Hotel Isolation Medical Screening Form	
Registration Number:	
Full Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address:	Indigenous <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Phone Number:	Nationality:
Date of Birth:	Place of Birth:
Phone #:	Primary language:
Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.	
Allergies:	
Past Medical History:	
Alerts: Alcohol & Other Drugs Y/N Disability Y/N Significant Mental Health Diagnosis Y/N	
Medications:	
Regular Medical Clinic/Pharmacy:	
General Practitioner:	
Next of Kin	Contact Number:



## Covid-19 Assessment Form

Name	DOB	Room	Date of Admission	mobile	

Ask patient and tick below if symptom present

Day	Date	Fever	Cough	SOB	Sore Throat	Fatigue	Needs further review (nurse assessment)	Reason (if needs further assessment)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

## Appendix 5 – Welfare Survey

### Survey questions – daily check-in

Date:	
Time:	
Call taker name:	
Passenger location:	Hotel: Room number:
location (room number):	
Confirm passenger name:	
Passenger DOB:	
Contact number:	Mobile: Room:
Interpreter required:	Yes/no Language:

### Script

Good morning / afternoon, I'm XXX. Can I confirm who I'm speaking with?


I am working with the Department of Health and Human Services to support people in quarantine following their arrival in Australia, and I'm giving you a call to check on your welfare. We know that this may be a stressful time for you, and our aim is to make sure that you are as comfortable as you can be during this quarantine period.

I am a Victorian Public Servant and any information that you provide to me is subject to privacy legislation.

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

There are 23 questions in total, and it should take only a few minutes to go through these with you. When you answer, we would like to know about you as well as any other occupants in your room.

If you have needs that require additional support, we will connect you with another team who can provide this support.

### Introductory questions

1. Are you still in Room XXX at the hotel? Circle YES / NO


2. Are you a lone occupant in your hotel room? Yes/No if No:
  - a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

Name	Relationship	Age (children/dependents)

3. Have you or your fellow occupants had to leave your room for any reason? If so, what was the reason? YES /NO


### Health questions

4. Have you had contact with a medical staff nurse whilst in quarantine? If yes, can you please provide details and is it being monitored?


5. Have you or your fellow occupants had any signs or symptoms of COVID-19, including fever, cough, shortness of breath, chills, body aches, sore throat, headache, runny nose, muscle pain or diarrhoea)?


6. Do you or anyone you are with have any medical conditions that require immediate support? (ie smokers requiring nicotine patches)


7. Do you, or anyone in your group (including children) have any immediate health or safety concerns?


8. Do you have any chronic health issues that require management?


9. Do you or anyone you are with have enough prescribed medication to last until the end of the quarantine period?


10. Are you keeping up regular handwashing?


11. What sort of things help you to live well every day? For example, do you exercise every day, do you eat at the same time every day?


### Safety questions

12. How is everything going with your family or the people you are sharing a room with?


13. Is there anything that is making you feel unsafe?


14. Are there any concerns that you anticipate in relation to your own or other occupant's safety that might become an issue in the coming days?


*If the person answers yes to either question 10 or the one above, you could say:*

- You have identified safety concerns -would you like me to establish a safe word if you require additional support regarding your safety?

If yes...

- The word I am providing is <xxx> (different word for each individual). You can use that word in a conversation with me and I will know that you need immediate support/distance from other occupants in the room or may be feeling a high level of distress.

*Where family violence, abuse or acute mental health is identified as an issue refer to specific guidance / escalate for specialist support.*

### Wellbeing questions

15. How are you and any children or other people that you are with coping at the moment?


16. Do you have any immediate concerns for any children / dependents who are with you?


17. Do you have any additional support needs that are not currently being met, including any access or mobility support requirements?


18. Have you been able to make and maintain contact with your family and friends?


19. What kind of things have you been doing to occupy yourself while you're in isolation, e.g. yoga, reading books, playing games, playing with toys?


20. Have you been able to plan for any care responsibilities that you have in Australia? Can these arrangements be maintained until the end of the quarantine period?


### **Final**

21. What has the hotel's responsiveness been like? Have you had any trouble getting food, having laundry done, room servicing etc.?


22. Do you have any other needs that we may be able to help you with?


23. Do you have any other concerns?

--





## **Appendix 6 – Scripts for physical distancing call centre**

Detail to be added about certain scenarios, including for funeral-related questions.

## Appendix 7 – Direction and detention notice – Solo Children

### DIRECTION AND DETENTION NOTICE

#### SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

#### 1. Reason for this Notice

- (2) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.
- (3) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (4) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (5) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (6) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.
- (7) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (8) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

#### 2. Place and time of detention

- (9) You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

- (10) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

#### 3. Directions — transport to hotel

- (11) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (12) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

#### 4. Conditions of your detention

- (13) **You must not leave the room in any circumstances**, unless:

(c) you have been granted permission to do so:

(i) for the purposes of attending a medical facility to receive medical care; or

- (ii) where it is reasonably necessary for your physical or mental health; or
- (iii) on compassionate grounds; or
- (d) there is an emergency situation.

(14) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

(15) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

(16) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

(17) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

## 5. Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

## 6. Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

- (a) We will check on your welfare throughout the day and overnight.
- (b) We will ensure you get adequate food, either from your parents or elsewhere.
- (c) We will make sure you can communicate with your parents regularly.
- (d) We will try to facilitate remote education where it is being provided by your school.
- (e) We will communicate with your parents once a day.

## 7. Offence and penalty

(19) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

(20) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 8 – Guidelines for Authorised Officers (Unaccompanied Minors)

### Guidelines for Authorised Officers - Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

#### Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

#### Your obligations under the *Charter of Human Rights and Responsibilities Act 2006*

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

#### *How to give 'proper consideration' to human rights*

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

### *Relevant human rights*

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of **children** to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
  - You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
  - You should ask the child if they have any concerns that they would like to raise with you at least once per day.
  - You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
  - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
  - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
  - You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to **liberty** (s 21) and **freedom of movement** (s 12), and the right to **humane treatment when deprived of liberty** (s 22). As the Solo Child Detention Notices deprive

children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.

- **Freedom of religion** (s 14) and **cultural rights** (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to **recognition and equality before the law**, and to **enjoy human rights without discrimination** (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly** and **association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices. If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a



person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs. Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances. Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

### **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

## Appendix 9 – Authorised Officer Occupational Health and Safety

### Purpose

The purpose of this document is to provide an occupational health and safety procedure for authorised officers when attending off site locations during the current State of Emergency.

### Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

### Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, you will be placed on call to exercise your authorised powers pursuant to section 199 of the *Public Health and Wellbeing Act 2008 (Act)*. **Your compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact with an offender suspect must be managed by Victoria Police.**

### OHS

Occupational Health and Safety is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns, incidents with: **REDACTED** | **REDACTED**

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. Officers can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

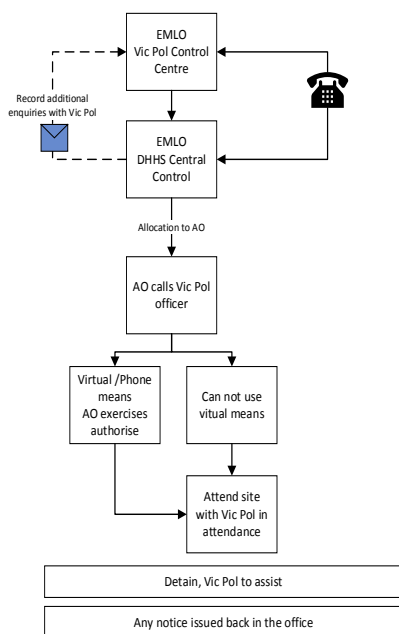
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

#### Fatigue

Officers will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, officers should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator: <http://www.vgate.net.au/fatigue.php>

Officers are required to hold a valid motor vehicle license and are required to adhere to the requirements of the departments driving policy. Information about the departments policy can be found on the DHHS intranet site.



### Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as ‘transmission reduction, or ‘physical distancing’ measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend a site, they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the offender(s) a positive case of COVID-19?
- Has the offender(s) been recently in close contact with a positive case of COVID-19?
- Has the offender(s) recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Face mask (N95 or equivalent)
- Gloves
- Hand Sanitizer

The following is only a guide for officers to consider.

PPE	Guide
Face mask	When there is known case of COVID-19, or an offender has been recently been exposed to COVID-19
Gloves	Always
Hand Sanitizer / Soap	Always
Social Distancing of at least 1.5 meters	Always

## Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agent		Follow personal protective measures

# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

**Working draft not for wider distribution @ 8/4/20**

**For URGENT operational advice contact**

REDACTED

or

REDACTED

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or

REDACTED

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

DRAFT



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## Purpose

This policy and procedure intends to:

- provide clarity to all parts of the Department of Health and Human Services' (the department's) quarantine (mandatory detention) intervention as part of the response to coronavirus disease 2019 (COVID-19)
- describe the strategy and protocols for the quarantine (mandatory detention) intervention
- describe the compliance and enforcement policy and procedures for the mandatory detention directions for departmental authorised officers (AOs).

### **Direction and detention notice issued 27 March 2020**

This notice orders the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days.

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

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# Background

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at <https://www.dhhs.vic.gov.au/state-emergency>

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department AO during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

### Authorised officer\* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. The CHO has not authorised council Environmental Health Officers to exercise emergency powers.

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the department's Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on departmental AOs including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## **Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application**

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice if they are unsure in the administration of their powers.**

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights- s167

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

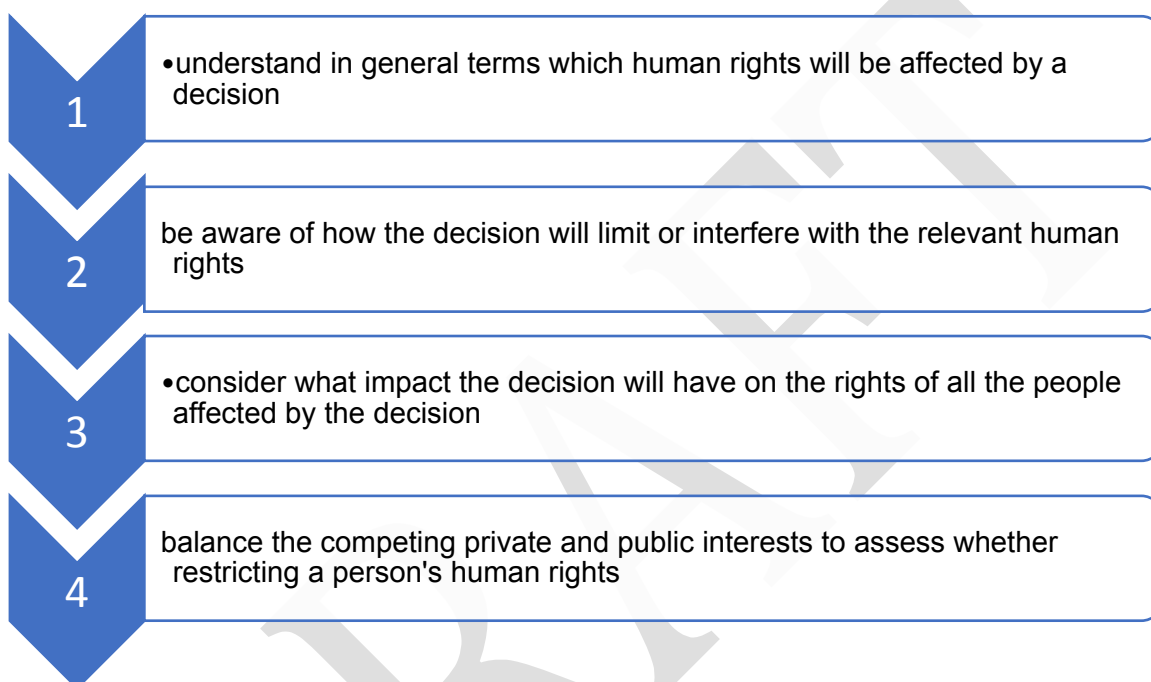
But you must first advise the person that they may refuse to provide the information requested.

# Charter of Human Rights obligations

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment** – This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
- **Right to freedom of movement** – while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – this includes protecting the personal information of persons in detention and storing it securely
- **Right to protection of families and children** – this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
- **Property rights** – this includes ensuring the property of a person in detention is protected
- **Right to liberty and security of person** – this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** – this includes treating persons in detention humanely.











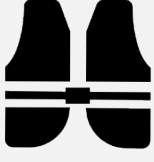
# Airport

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers\*:

Responsibility		Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>	Yes	Section 166
	<ul style="list-style-type: none"> <li>• must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:               <ul style="list-style-type: none"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> </ul> </li> </ul>	<p>Yes.</p> <p>If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable.</p> <p>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] <b>(mandatory AO obligation)</b>.</p>	Section 200(2) and 200(4)
	<ul style="list-style-type: none"> <li>• ensure the Direction and Detention Notice:               <ul style="list-style-type: none"> <li>– states the name/s of the person being detained</li> <li>– states the name of AO</li> <li>– contains signature of person being detained</li> <li>– contains signature of AO</li> <li>– contains the hotel name at which the person will be detained</li> <li>– contains date the person will be detained till (14 days).</li> </ul> </li> </ul>		

Responsibility	Mandatory obligation	Section (PHWA)
 <ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into business system<sup>1</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>		
 <ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (need to provide VITS number)</li> </ul>	Yes	Section 200(5)
 <ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>		
 <ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>		
 <ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>		
 <ul style="list-style-type: none"> <li>check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).</li> </ul>		

\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order

<sup>1</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Additional roles

### Authorised Officer review of transport arrangements to hotel

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and a person to be detained?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then the vehicle must be cleaned in accordance with departmental advice (business sector tab).
- Ensure the driver required to wear personal protective equipment (PPE)? (clarify what PPE is needed?) TBC
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each person to be detained to complete enroute or at the hotel?

## Other airport issues

### People who are unwell at the airport

The Compliance lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (refer to points above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

### Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

# Arrival at hotel – check in

## Key responsibilities

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into Quarantine and Welfare System COVID-19 Compliance Application.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

## Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded on the database/spreadsheet? Or is this covered below?
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

# Regular review of detention

## Requirement for review each day

- A lead AO will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- The AO will undertake an electronic review of detainment arrangements by viewing Quarantine and Welfare System COVID-19 Compliance Application This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to ‘Charter of Human Rights’ obligations
  - any other issues that have arisen.

## Decision making

To inform decision-making, the lead AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person’s health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff and specialist areas within the department. This is also available on the Quarantine and Welfare System COVID-19 Compliance Application.

## Mandatory reporting (mandatory AO obligation)

A departmental AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention

- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

### **Possible release from detention based on review**

The daily review by the lead AO could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander).

In the first instance the AO should contact the specialist area if needed (i.e. Mental Health)

Based on specialist advise, there will be a recommendation to the Compliance Lead and Public Health Commander/CHO.

# Grant of leave from detention

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

There are four circumstances in which permission may be granted:

#### 1. For the purpose of attending a medical facility to receive medical care

AO should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

- AO will consider circumstances to determine if permission is granted.
- An on-site nurse may need to determine if medical care is required and how urgent that care may be. Departmental AOs and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) to assist in determining urgency and whether temporary leave is needed AO may need to seek specialist advise within the department
- Where possible, on-site nurses should attempt to provide the needed medical supplies.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- AO to be informed of decision
- If approval is granted, AO should complete a **Permission for Temporary Leave from detention form / enter in Quarantine and Welfare System COVID-19 Compliance Application**, **Appendix 1**
- AOs should follow the Hospital Transfer Plan below.

#### 2. Where it is reasonably necessary for physical or mental health

AO should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

- AO will consider circumstances to determine if permission is granted.
- AO should request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a **Permission for Temporary Leave from detention form / enter in Quarantine and Welfare System COVID-19 Compliance Application**, **Permission for Temporary Leave from detention form and enter into business system**, **Appendix 1**
- AO should complete a register for **Permission Granted / enter in business system**,
- If approval is granted:
  - the on-site AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises

- persons subject to detention should always be accompanied by an on-site nurse, the department's authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to<sup>2</sup>
- a register of persons subject to detention should be utilised to determine which persons are temporarily outside their premises at any one time.

### 3. On compassionate grounds:

AO should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

- AO will consider circumstances to determine if permission is granted.
- AO may request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a **Permission for Temporary Leave from detention form /** enter in Quarantine and Welfare System COVID-19 Compliance Application, **Appendix 1**

### 4. Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes in Quarantine and Welfare System COVID-19 Compliance Application

## Procedure for a person in detention / resident to leave their room for exercise or smoking

### Infection prevention and control measures TBC

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. **Details must be entered into** Quarantine and Welfare System COVID-19 Compliance Application

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well,
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room,
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room,
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations,
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room

The procedure for the security escort is:

<sup>2</sup> See also Exercise and smoking procedure



- Don a single-use facemask (surgical mask);
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water as the end of each break.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

**In addition:**

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

### **Supporting smokers to quit smoking**

The preferred option is support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

Further work to support to support this approach would include provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. DHHS to explore opportunities to incorporate provision of NRT and counselling

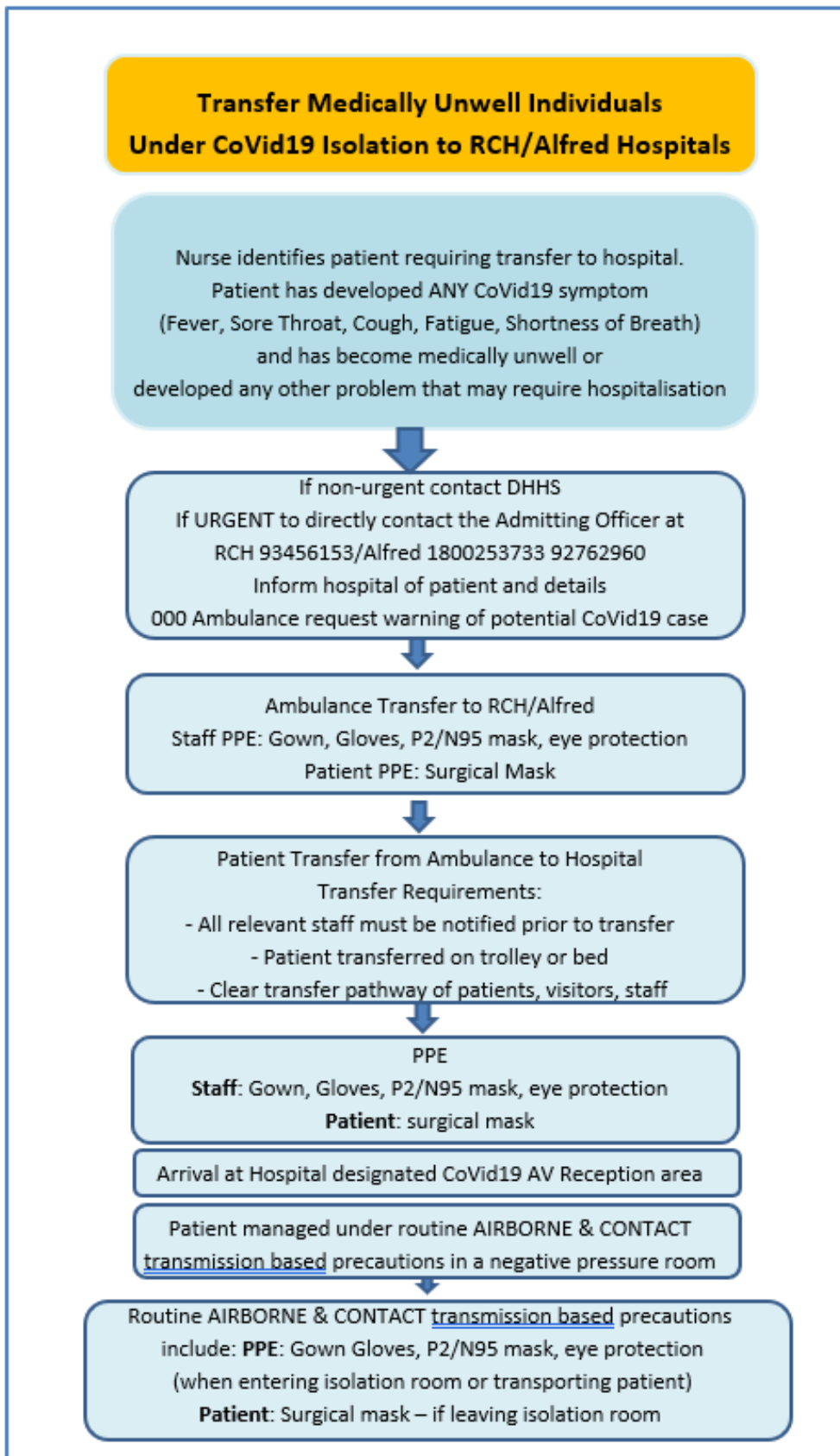
## Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. The bold highlight AO interactions.

1. Nurse/doctor assess that patient requires hospital care
2. **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the business system or register.**
3. **All relevant staff including AO must be notified prior to the transfer.**
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
5. If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
6. Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
9. The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
10. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
11. All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
12. Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
13. Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
14. **Hospitals will need to contact the AO at hotels (a mobile will need to be sourced that stays at each hotel across shifts) then the AO Team lead will advise Lead Executive Compliance to obtain any necessary approvals)**

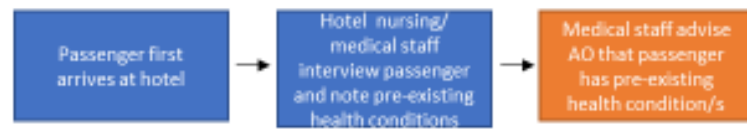
The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

**DHHS is endeavouring to organise patient transport arrangements.**

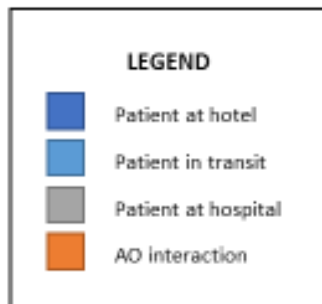


# Process to transfer passengers to hospital (planned)

## WHEN PASSENGER ARRIVES AT HOTEL



Medical staff note requirements for passenger to attend specialist appointments at hospital/clinic, including details of doctor, location and frequency. This information is provided to the AO



## WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT



AO provides medical sheet that stays with patient throughout journey

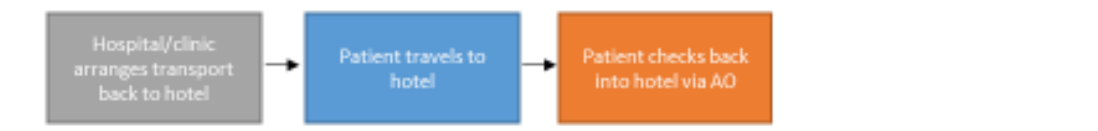
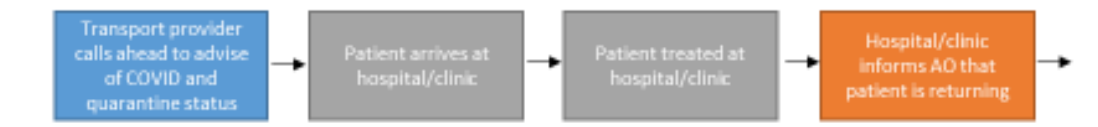
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

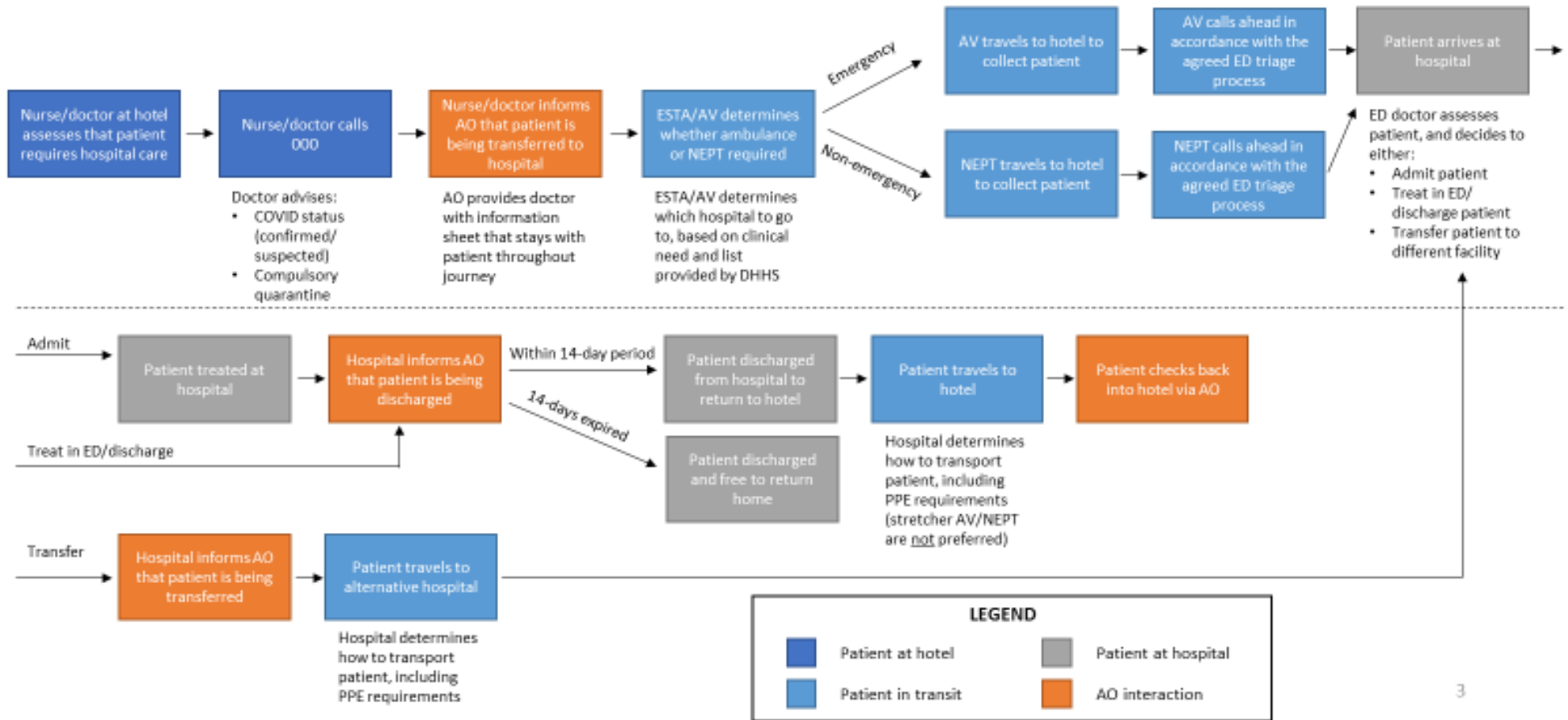


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)

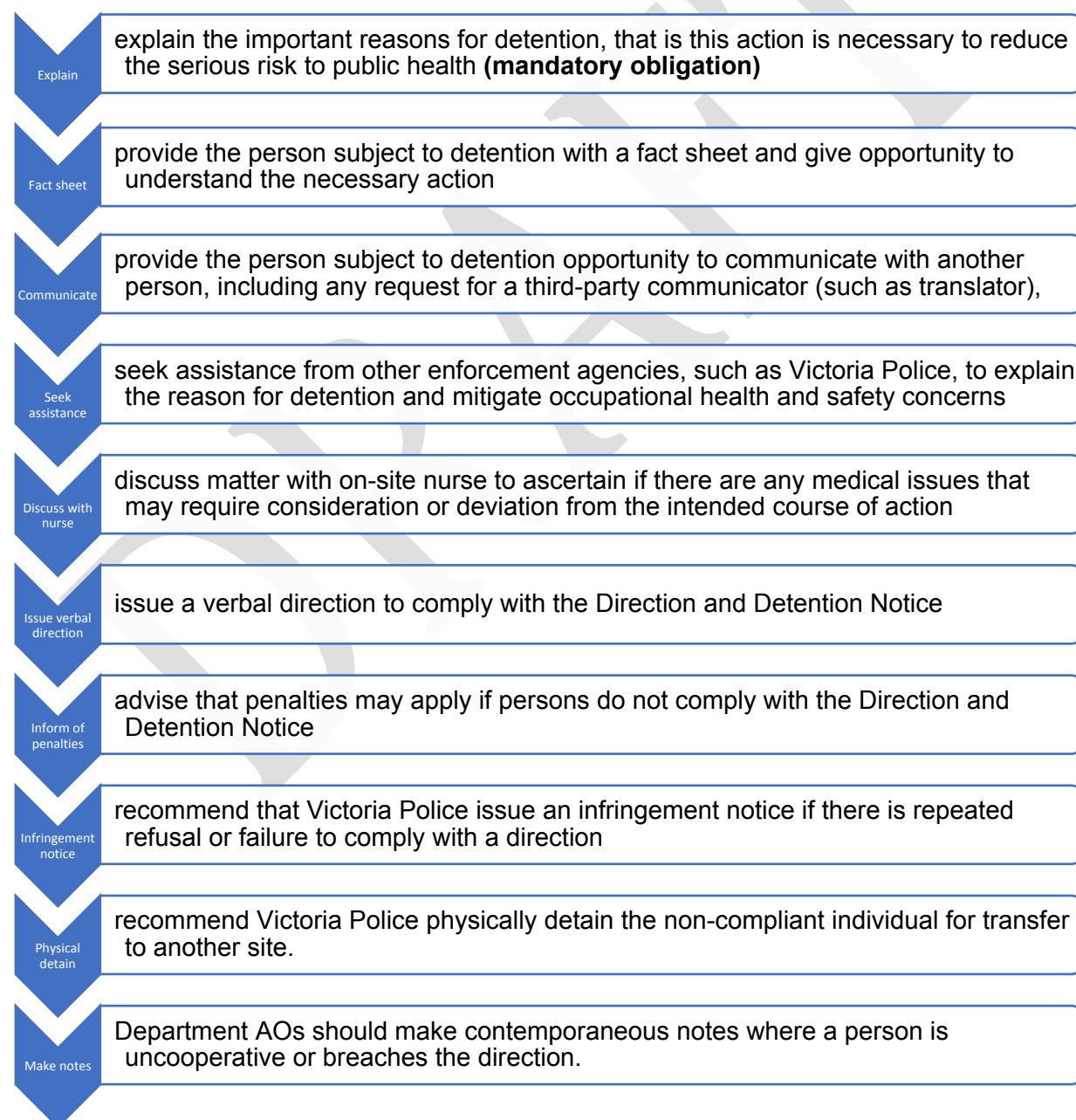


# Compliance

The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA, any arrests, including moving people into detainment or physical contact with a person must be managed by Victoria Police.

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the AO should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, the AO should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

# Policy and procedure on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly
- Person can easily contact parent / guardian
- Has adequate food
- Remote education is facilitated.

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

## When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

**An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see Appendix 3.**

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine.** Legal services will adapt notices for that purpose.



AOs monitoring unaccompanied minors should have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

## When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and the department.

## Working with Children Checks and Child Safe Standards

The department will work with Department of Justice and Community Safety to facilitate Working with Children Checks for Authorised Officers.

## Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

**DRAFT for review - This process is under development.**

## Departure – release from mandatory detention

### Background

Prior to release of a person being detained, they will be provided with an end of detention letter Appendix 7: End of Detention Notice or **Appendix 8: End of Detention Notice** (confirmed case or respiratory illness symptoms) that confirms release details and specifies requirements to follow other relevant directions post release, dependant of the outcome of their final health check. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

### Responsibilities

Departmental staff/Department of Jobs, Precincts and Regions to notify the person in detention that:

- they will be due for release from detention in 48 hours
- a health check to determine their status is recommended
- provide information for people exiting quarantine on transport and other logistical matters.

### Health check

- In accordance with section 200(6) of the PHWA, the daily health check will be used to review the persons continued detention. In order to assess whether the person has fulfilled their 14-day quarantine period as required under the direction and detention notice.
- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

### Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- Prior to the departure of people being detained, they will be given a compliance form with their documented end date and time of detention. The DHHS authorised officer will confirm the period of detention with people being detained and will ask them to sign the compliance form. They need to be signed out by a DHHS authorised officer before they can leave.
- Transportation will be organised for you.
- Further information is available in **Appendix 9: Guidance Note**

# Occupational health and safety (OHS) for Authorised Officers

## Purpose

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

## Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

## Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detention or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED**

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

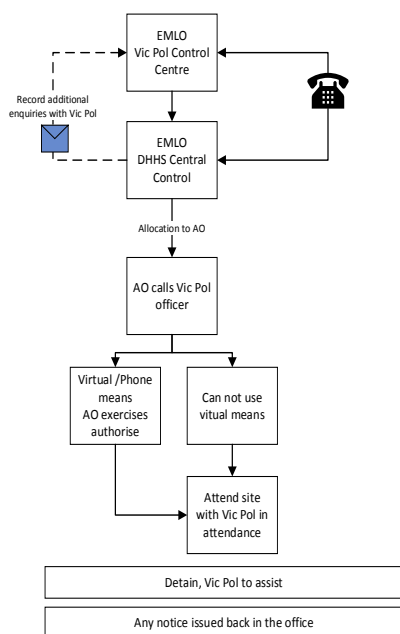
## Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

### Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Face mask (N95 or equivalent)
  - Gloves
  - Hand Sanitizer
- The following is only a guide for AOs to consider. AOs going onto hotel the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).

• PPE	Guide
• Face mask	When there is known case of COVID-19, or an a person subject to detenti has been recently exposed to COVID-19
• Gloves	Always
• Hand Sanitizer / Soap	Always
• Social Distancing of at least 1.5 meters	Always

## Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agents		Follow personal protective measures



# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

(a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

(b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

(c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, **at all times**, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.  
(Insert additional conditions, if any, at Annexure 1)

## Specific details

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions **at all times** while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).
- (14) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the **period of time** noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

## Offences and penalties

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.



## Appendix 3 Guidance: Exemptions under Commonwealth law

DRAFT



# Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

## Aviation crew

### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

## Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

## Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

## Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

## Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

## Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

# Appendix 4 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

## Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

## Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

## How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

## Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily

restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

## **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

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## Appendix 5 Direction and Detention Notice – Solo Children

To be added

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## Appendix 6 Other issues

### Welfare and health service provision

- DHHS Welfare team to conduct a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

### Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

### Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

## Exercise and fresh air

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

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## Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

### Details of Detention Notice

**Name of Detainee:** \_\_\_\_\_

**Date of Detainment and Detention Notice:** \_\_\_\_\_

**Place of Detention:** \_\_\_\_\_

### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by \_\_\_\_\_ [insert date]; and  
you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on \_\_\_\_\_ [insert date] after you have been discharged by an Authorised Officer from \_\_\_\_\_ [insert place of detention] and have commenced transportation to your ordinary residence.

[If lives in Victoria] Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 2) (**Direction**), as amended from time to time. Pursuant to the Direction, you are required to travel directly to the premises where you ordinarily reside within Victoria, and remain there unless you are leaving for one of the reasons listed in the Direction.

[If lives outside Victoria] I note that you are ordinarily a resident in \_\_\_\_\_  
 [insert State or Territory] and that arrangements have been made for you to return home. While you remain in the State of Victoria, you are required to comply with all directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

### End of Detention Instructions

Your detention **does not end** until the time stated in paragraph 0 of this notice. Until that time, at which you will be discharged from detention, you must continue to abide by the requirements of your detention, as contained in the Notice.

You **must not** leave your hotel room until you have been collected by an Authorised Officer [OR] You **must not** leave your hotel room until \_\_\_\_\_ [insert time and date], at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer to be discharged from detention.

When leaving detention you **must** adhere to the following safeguards:

if provided to you, you **must** wear personal protective equipment;

you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;

you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and

upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

## 2 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you *[have returned a positive test for COVID-19]* or *[have started displaying symptoms of respiratory illness]*.

### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### Details of End of Detention Notice

**Name of Detainee:** \_\_\_\_\_

**Date Notice Made:** \_\_\_\_\_

**Date Notice Expires:** \_\_\_\_\_

**Place of Detention:** \_\_\_\_\_

**Medical Facility:** \_\_\_\_\_

*(if medical care is required)*

### COVID-19 Status or respiratory illness symptoms [tick applicable]:

COVID-19 confirmed: \_\_\_\_\_  coughing

*[insert date of test]*

fever or temperature in excess of 37.5 degrees  sore throat

congestion, in either the nasal sinuses or lungs  body aches

runny nose  fatigue

### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have noticed that you *[have been diagnosed with COVID-19]* or *[have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) [delete as applicable]]*.

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- (a) *[if applicable]* You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is suitable for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;
  - (b) *[if applicable]* You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and
  - (c) You are ordinarily a resident in Victoria.
- (3) Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable]*.
- (4) The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

### 3 Conditions

You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]* by an Authorised Officer. You may / will *[delete as appropriate]* be supervised during transit.

While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.

When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.

You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.

When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.

**4 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable]*, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

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## Appendix 9: Guidance Note

**How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detention, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge and escort each person to their transport
- if a person's detention is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detention arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

- It is preferable that an End of Detention Notice be issued the day before a person's detention is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.
- A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detention period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction
- if the person is ordinarily resident outside of Victoria, notify the person of their travel arrangements and that they are to immediately travel to the airport to leave the State.

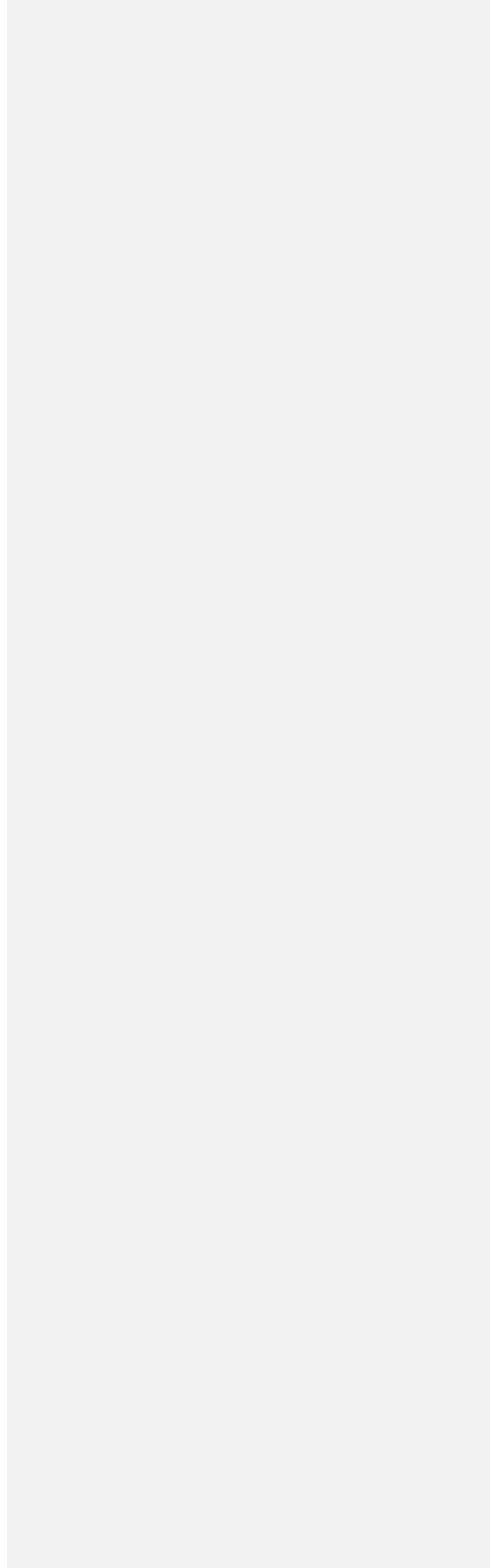
# ANNEX 1

## COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

### Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	REDACT	Angie Bone	Meena Naidu	29/4/2020



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# 1 Purpose and background

## 1.1 Purpose

This purpose of this annex is to outline the compliance and enforcement functions and procedures for the direction and detention direction issued under the *Public Health and Wellbeing Act 2008* (PHWA).

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

## 1.2 Background

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria.

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

The policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008*. The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

### 1.2.1 Objectives

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## 2 Enforcement and Compliance command / roles and responsibilities / Business system

### 2.1 Enforcement and Compliance command structure

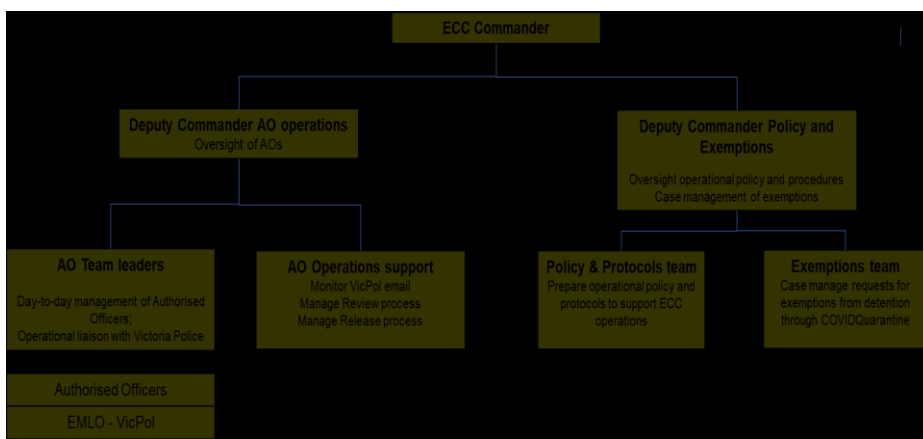


Figure { SEQ Figure \\* ARABIC }: Compliance command structure



## 2.2 Compliance cell roles and responsibilities

**Table 1 Compliance cell roles**

<b>Role</b>	<b>Responsibilities</b>
Enforcement and Compliance Commander	<ul style="list-style-type: none"> <li>• Lead and provide oversight to compliance matters under all Public Health Directions.</li> <li>• Provide advice and input into complex compliance matters.</li> <li>• Provide advice and support to the Chief Health Officer and their delegate on compliance.</li> <li>• Daily review of those subject to detention</li> </ul>
Deputy Commander AO operations	<ul style="list-style-type: none"> <li>• Provide oversight to Authorised officers</li> <li>• Lead the provision of guidance to the AO Team Leaders.</li> <li>• Report on daily review of people being detained.</li> </ul>
AO Operations support	<ul style="list-style-type: none"> <li>• Undertake rostering, recruiting and onboarding of AOs</li> <li>• Monitor VicPol email address</li> <li>• Manage Review and Release Process</li> </ul>
Senior AO	<ul style="list-style-type: none"> <li>• Provide leadership to AOs.</li> <li>• First point of call for approving permissions.</li> </ul>
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>• administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>• meeting obligations under the Public Health and Wellbeing Act</li> </ul>
EMLO VicPol	<ul style="list-style-type: none"> <li>• Liaise with Victoria Police</li> </ul>
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> <li>• Oversight of operational policy and procedures</li> <li>• Case management of exemptions</li> </ul>
Policy and Protocols team	<ul style="list-style-type: none"> <li>• Prepare operational policy and protocols to support enforcement and compliance</li> </ul>
Exemptions team	<ul style="list-style-type: none"> <li>• Case manage requests for exemptions from detention</li> <li>• Manage COVID Quarantine inbox.</li> </ul>

## 2.3 Roles and responsibilities for other non-compliance cell staff involved in compliance

**Table 2 Non-compliance cell staff at hotel**

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> <li>• Supports the health and well-being of staff.</li> <li>• Liaises with airport command and staff from the Department of Jobs Precincts and Regions represented at the hotel.</li> <li>• Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations.</li> <li>• Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required.</li> <li>• Ensures appropriate records management processes are in place.</li> </ul>
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs.</li> <li>• Deliver hyper-care (concierge) services onsite.</li> <li>• Manage contracts with accommodation providers.</li> <li>• Manage transport arrangements from the airport and other locations detainees as permissioned by AOs.</li> <li>• Manage material needs including food and drink.</li> </ul>
Nursing staff	<ul style="list-style-type: none"> <li>• Provide 24 hour on-call medical support subject to demand.</li> <li>• Provide welfare to detainees through a daily welfare check — DHHS welfare officers email \COVIDQuarantine@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues.</li> <li>• Provide a satisfaction survey for residents to complete each week.</li> </ul>
Security	<ul style="list-style-type: none"> <li>• Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.</li> </ul>

## 2.4 COVID-19 Quarantine and Welfare System Compliance Application

The COVID-19 Quarantine and Welfare System is currently comprised of two elements:

- COVID-19 Compliance Application - This application supports AOs to maintain Direction and Detention notice and permissions records.
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities and will partially accessible to certain senior team members).

A third element is under development for nursing staff to be able to enter health assessment data (partially accessible certain senior team members).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

## 3 Authorised officers and powers

### 3.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice.
- AOs must undertake several obligations before exercising powers.

### 3.2 Authorisation under the Public Health and Wellbeing Act for the purposes of the emergency order

**Only VPS employees and council environmental health officers that are AOs under the PHWA and also authorised by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise public health risk and emergency powers.**

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date.

**Note: Any AO that is unsure as to whether they have been authorised under s. 199 should contact the AO Operations support team prior to enforcing compliance with the Direction and Detention Notices.**

While exercising their powers and monitoring compliance, AOs should be cognisant that persons subject to detention may be tired, emotional and stressed. AOs may need to use conflict negotiation, mediation skills and compassion to help persons settle into the new environment.

#### 3.2.1 Emergency Powers and Offences

The Direction and detention notice is issued under s 200 of the PHW Act (emergency powers).

It is an offence under s 203 of the HPW Act if a person refuses or fails to comply with the direction in the direction and detention notice (unless there is a reasonable excuse for failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate.

### 3.3 Authorised officer<sup>1</sup> and Chief Health Officer obligations

Sections 200(1) and 200(2) – (8) of the PHWA set out several emergency powers and obligations including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

#### 3.3.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when carrying out functions. The table below summarises mandatory obligations.

**Table { SEQ Table \\* ARABIC } : Mandatory obligations of AOs**

Legislation	Obligations
<b>Emergency powers and general powers in the Public Health and Wellbeing Act 2008</b>	<ul style="list-style-type: none"> <li>• AO must show ID card before carrying out actions/exercising powers</li> <li>• AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable</li> <li>• AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers</li> <li>• AO must facilitate a reasonable request for communication</li> <li>• AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team)</li> <li>• AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.<sup>1</sup></li> </ul>
<b>In addition, AOs must comply with the Charter of Human Rights</b> (see also appendix 10)	<ul style="list-style-type: none"> <li>• AO must act compatibly with human rights</li> <li>• AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.</li> </ul>

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

<sup>1</sup> And Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order

### 3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice from the Deputy Commander AO Operations if they are unsure about the administration of their powers.**

### 3.3.3 Authorised officer obligations:

#### Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA:
- At any time during the exercise of powers, if you are asked to show your ID card
- As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

- You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.
- Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

## 4 AO responsibilities at airport

AOs issue Direction and Detention notices to people arriving in Victoria (airports and seaports)<sup>2</sup> from overseas and then they must go into immediate compulsory quarantine for 14 days. This is because international arrivals present a high-risk of further transmission of the COVID-19 virus and detention is necessary to reduce or eliminate the serious risks to public health associated with the virus.

All passengers will be transported free of charge to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period.

The airport is the first point of contact for an AO, who must undertake several obligations to administer the direction and detention notice issued under the PHWA.

### 4.1 Key points

- AO must fulfil mandatory obligations (e.g. show ID card and explain reason for detention, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

### 4.2 Key responsibilities

Table 4 – AO responsibilities at the airport

Step	AO responsibilities	Mandatory obligation	Section (PHWA)
Identify pre-approved exemptions	<ol style="list-style-type: none"> <li>Exemptions for flights will be provided to the by the Exemptions Team Lead to the AO rostered at the airport as well as Airport Operations Command prior to passenger disembarkation</li> <li>Any queries in relation to the exemption should be directed to the Exemption team lead</li> <li>AO to check exemption paperwork and identify on passenger manifest sheet 'exemption'</li> </ol>		
Flight arrival	<ol style="list-style-type: none"> <li>Inform flight crew of AO action and request translation of script<sup>3</sup>.</li> <li>Declare you are an Authorised officer and show your identification card.</li> <li>Read script (attachment 1), which:               <ol style="list-style-type: none"> <li>explains the reasons for detention</li> <li>warns returning passengers that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply</li> <li>reminds passengers they must keep their detention notice.</li> </ol> </li> <li>Repeat twice.</li> <li>Flight crew read script in all relevant languages.</li> </ol>	Yes	Sections 166, 200(2),200(4) and 202(1)

<sup>2</sup> Noting some exemptions apply for maritime crew – see exemptions section

<sup>4</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application. Compliance policy and procedures – Detention and Direction notice

Issue notice immediately after disembarkation	<p>9. Serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (attachment xx). Unaccompanied children who are detained must be served the solo child notice (attachment XX). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>10. If practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>11. Facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on REDAC; PIN code REDA).</p>	Yes	Section 200(5)
Confirm details	<p>12. Ensure each direction and detention notice:</p> <ul style="list-style-type: none"> <li>i. states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>ii. contains the signature of the person being detained or their guardian as receipt of the notice</li> <li>iii. states the name and signature of the AO</li> <li>iv. contains the hotel name at which the person will be detained</li> <li>v. contains the date of commencement of detention.</li> </ul>		
Record issue of receipt	<p>13. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application<sup>4</sup>. You may be assisted by a non-AO in this task.</p> <p>14. Request person subject to detention present to AO at hotel</p>		
Check with welfare team	<p>15. Liaise with AO Team Leader and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>16. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section XX (Permissions) for further detail.</p> <p>17. Ensure the detainee understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p>		

<sup>4</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application.  
Compliance policy and procedures – Detention and Direction notice

	18. (Note: a hospital information sheet is currently being developed to assist the hospital on required and contact details. )		
	<ul style="list-style-type: none"> <li>• <b>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</b></li> </ul>		
Record	19. Record any actions in the COVID Compliance and Welfare App, including the above mandatory obligations, use of translator and any associated issues. 20.		

#### 4.2.1 Transfer of uncooperative person to be detained

There may be circumstances where a person refuses to be cooperative. DHHS Operations staff at the airport may elect to organise a separate mode of transport for in such circumstances, noting Victoria Police may be requested to escort such individuals.



## 5 AO responsibilities at hotels

As part of meeting mandatory detention requirements in the direction and detention notice, the Victorian Government has arranged accommodation in numerous locations, primarily in the Melbourne CBD area. The purpose of this is to restrict the movement of international arrivals to limit the spread of COVID-19.

### 5.1 Key points

- AO reiterates detention requirements, explains reasons for detention and the penalties for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, and medical and other staff.
- AOs are responsible for detention release following the mandatory 14 day detention

### 5.2 Shift change over

**Table { SEQ Table \\* ARABIC } : Key steps and AO roles and responsibilities during shift change over**

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Introduction	1. Introduce yourself to: <ul style="list-style-type: none"> <li>• hotel/duty manager</li> <li>• head of security</li> <li>• DHHS Team Leader</li> <li>• DJPR site manager (if on site)</li> <li>• medical staff.</li> </ul>		
Handover	2. Obtain a handover from the previous AO (verbal and high-level information) to: <ul style="list-style-type: none"> <li>• understand detainee issues, early releases, exemptions and permissions</li> <li>• ascertain location of records and template forms</li> <li>• Any hotel operational issues (eg physical exercise space unavailable, changes to operational policies like food delivery)</li> <li>• ensure COVID-19 Compliance Application has been updated</li> <li>• if exits from detention expected, ensure AO team and release team aware of plans and location of documentation.</li> </ul>		

## 5.3 Hotel check-in

The purpose of hotel check-in is to:

- enable hotel staff to provide people being detained with a room number and key
- reiterate obligations for those being detained.

**Table { SEQ Table \\* ARABIC } : Key steps and AO roles and responsibilities – hotel check-in**

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Check-in	<ol style="list-style-type: none"> <li>1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:               <ol style="list-style-type: none"> <li>i. room number</li> <li>ii. the date that the person will be detained until (14 days after arrival at place of detention).</li> </ol> </li> </ol>		
Check and reiterate Direction and detention notice	<ol style="list-style-type: none"> <li>2. Show identification and introduce yourself</li> <li>3. Check completed Direction and Detention Notice to confirm that the following details have been correctly recorded on the notice and in the compliance app:               <ul style="list-style-type: none"> <li>• the hotel name</li> <li>• hotel room number and arrival date and time</li> <li>• the date that the person will be detained until (14 days after arrival at place of detention).</li> </ul> </li> <li>4. Return the notice to the person being detained (note that this must occur). AO's should reiterate:               <ul style="list-style-type: none"> <li>• the reason for detention</li> <li>• warn the person that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply</li> <li>• facilitate any reasonable request for communication.</li> </ul> </li> </ol>		Sections 166, 200(2), 200(4) and 203(1)
Liaise with medical and welfare staff	<ol style="list-style-type: none"> <li>5. Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).</li> </ol>		

## 5.4 Monitoring compliance

The AO will provide oversight and ensure compliance with the direction and detention notice

**Table { SEQ Table \\* ARABIC } : Key steps and AO roles and responsibilities – monitoring compliance**

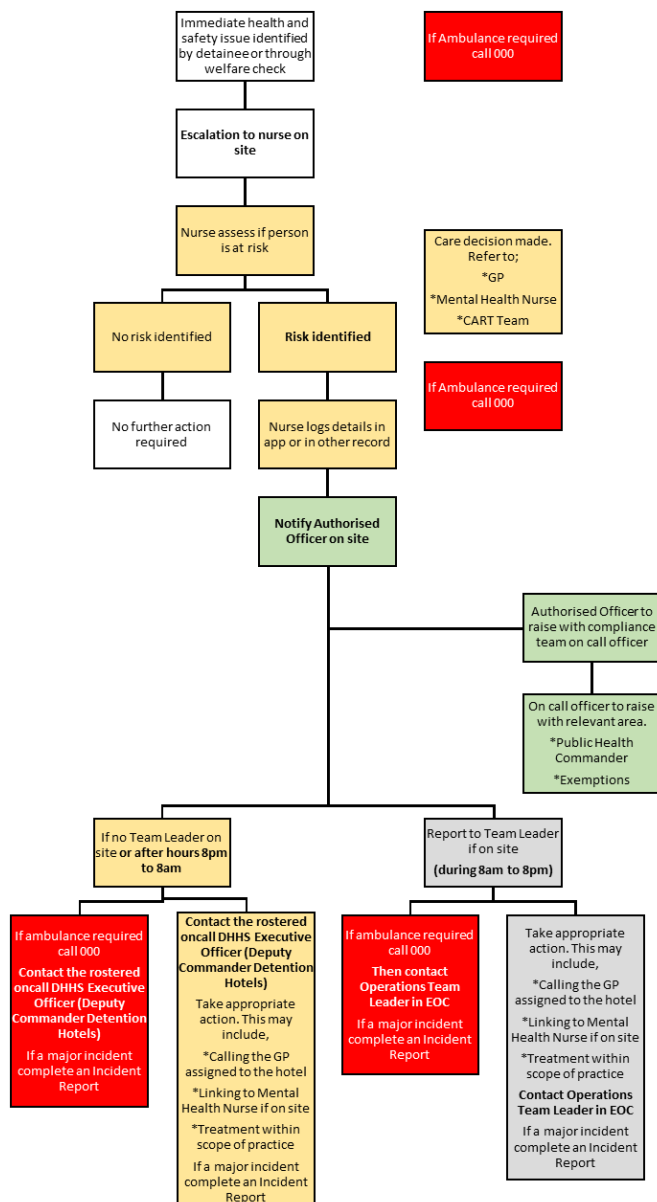
Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security are undertaking floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: none"> <li>a person refusing to comply and a person demanding to be removed from detention</li> <li>reminding a person the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply</li> <li>responding to requests from security to address compliance</li> <li>answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do</li> <li>seeking assistance from security or Victoria police to support compliance efforts</li> <li>facilitating any reasonable requests for communication. For translation, call Victorian Interpretation and translation service d[REDACT] PIN code is [REDACT]</li> </ul>		203(1)
Permissions	3. See Section 7 (Permissions). 4. Raise requests for permission to leave with AO Team Leader if there is not an authorised area for the detainee to exercise the permission or there is complexity in applying the transition (eg requires leaving the hotel site). All requests by detainees to leave the hotel site must be escalated to Deputy Command AO operations if not already approved. 5. Administer permission to leave and monitor compliance.		203(1)
Exemptions	6. See Section 7 (Exemptions). 7. Raise any exemption requests with AO Team Leader in the first instance. The AO Team Leader may then refer exemption requests to covidquarantine@dhhs.vic.gov.au,[or may request the AO to do so] for decision. 8. Issue Direction and Detention Notices for detention in alternate locations if ECC Commander approves an exemption request. In this case, a case manager from the Exemptions Team will contact the AO with details.		200(2),200(4) and 203(1)

Records	<p>9. Make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the COVID Compliance Application.</p> <p>10. Record all permissions in the permissions register and Covid Compliance App</p> <p>11. Upload photos of all amended direction notices issued while at the hotel to the COVID Compliance Application.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p>		

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## 5.5 Emergency health and welfare incidents

Where there is an immediate health and welfare issue identified at the hotel, the following process is to be followed.



## 5.6 Clarity about role of AO

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport"
- physically moving COVID 19 patients. Please see procedure under 'Occupational Health and safety'
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats
- monitoring or ordering PPE or other supplies

If an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer them to the DHHS Team Leader on-site for follow up. For medical and welfare issues, the AO should inform on-site medical and nursing staff in accordance with section 4.5 above.

## 5.7 Daily review and reporting by the AO Review Team

The daily review is a mandatory obligation to determine whether continued detention of a person is reasonably necessary to eliminate or reduce a serious risk to health. There are mandatory obligations for the AO to inform the Chief Health Officer (CHO) and the CHO to inform the Minister. This is the responsibility of the Deputy Command AO Operations who will be aided by the AO operations support team in fulfilling this task.

**Table { SEQ Table 1\* ARABIC }: Key steps and AO Review Team roles and responsibilities – daily review**

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> <li>• reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours)</li> <li>• reviewing the number of detainees present at the hotel</li> <li>• reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to</li> <li>• noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention</li> </ul>		

	<p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health</p> <p>4. Consider the human rights being impacted – refer to 'Charter of Human Rights' obligations in Appendix <b>XX</b></p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment.</p> <p>7. Consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> <li>• person's health and wellbeing</li> <li>• any breaches of self-isolation requirement</li> <li>• issues raised during welfare checks (risk of self-harm, mental health issues)</li> <li>• actions taken to address issues</li> <li>• a person having been tested and cleared of COVID-19 while in detention</li> <li>• any other material risks to the person.</li> </ul>		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Record	<p>10. Record the outcomes of their review (high level notes) (for each 24-hour period) in the <b>COVID-19 Compliance Application</b>. This allows ongoing assessment of each detainee and consideration of their entire detention history.</p>		
Prepare brief (Minister)	<p>11. Prepare brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> <li>• a person has been made subject to detention</li> <li>• following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.</li> </ul> <p>12. The notice to the CHO must include:</p> <ul style="list-style-type: none"> <li>• the name of the person being detained</li> <li>• statement as to the reason why the person is being, or continues to be, subject to detention.</li> </ul>		Sections 200(7) and (8) Section 200(9)

	13. Deputy Command AO operations to review and approve the Review and Brief		
	14. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions		

## 5.8 Departure – release from mandatory detention

The purpose is to ensure and confirm the person being detained:

- i. has completed their period of detention under the Direction and Detention notice
- ii. is released in a timely and orderly manner.

### 5.8.1 Pre-check out

Prior to release of a person being detained, DHHS (with the help of hotel security) will provide each person being detained with either:

1. an End of Detention Notice, **Appendix 8;**
2. an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9**
3. **(to be supplied)**

The notice provides information about the discharge process and the obligations of the detainees until they are discharged.

### 5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained is well, symptomatic or positive.

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day detention period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to [COVIDquarantine@dhhs.vic.gov.au](mailto:COVIDquarantine@dhhs.vic.gov.au) for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form (appendix 9).
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

### 5.8.3 Day of release

Security will provide detainees approximately 1 hour notice of their exit time. Security will then bring detainees down at their scheduled exit time.



#### **5.8.4 Check-out process overview (compliance check-out)**

The release process will consist of an organised check-out procedure (the compliance check-out). This means people being detained will be released in stages throughout a set time period on the day of release.

Security will bring travelling parties down to reception in stages to complete the check-out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.

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**Table { SEQ Table ١\* ARABIC } : Key steps, roles and responsibilities at check-out (AO role unless specified)**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> <li>1. ECC Operations Support Team, to inform AO of those with</li> <li>2. confirmed COVID-19, suspects Covid cleared or close contacts. Public health will have contact each detainee in these categories to discuss arrangements post detention.</li> <li>3. AO to note and to inform security that COVID-19 cases will need separate check-out time and implement extra precautionary measures.</li> </ol>		
Check-out	<ol style="list-style-type: none"> <li>4. Request to see identification (passport) and the End of Detention notice from each person</li> <li>5. Cross check the person's identification details and room number with information on exit sheet</li> <li>6. Sign the End of Detention notice and provide back to the person</li> <li>7. Confirm the period of detention and explain detention period has ceased</li> <li>8. Confirm self-isolation requirements for all confirmed COVID cases.</li> <li>9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged</li> </ol>		
Record	<ol style="list-style-type: none"> <li>10. Provide exit list to a Release and Review team member on site for updating in the COVID-19 Compliance Application (note this may be a data entry update after the process has been completed).</li> <li>11. All exit sheets are to be returned to the Operational Support team as soon as possible</li> </ol>		

**Where a person has been COVID-19 cleared, their detention release must be accompanied with a COVID-19 Clearance letter provided by Public Health Command. This will be included in the release pack prepared by the AO Operations Support team.**

## 6 Exemption requests

### 6.1 Key points

- AOs must be aware of how requests for exemption from detention are escalated.
- DHHS case manager from Exemptions and Permission Team will liaise with AO Team Leader regarding approved exemption request.

### 6.2 5.2 Exemption requests – overview

In limited circumstances, approval may be sought to undertake detention in another location, transit to another state/country or early release. **Generally, exemptions are not granted.**

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. Public Health Commander is responsible for approving and granting approvals to alter the way in which mandatory quarantine applies. The PH Commander may delegate approvals to the ECC Commander in accordance with *Guidance Note — Exceptions to the General Quarantine Policy*

While each exemption request must be considered on its own merits, the following circumstances have been identified as open for consideration of early release or change of detention location. These include:

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

**Any approval must consider the public health risk and must ensure the individual is not showing symptoms of covid or may be release into an environment where a highly vulnerable person may be a close contact.**

**There is no blanket exemption approval**

**Table { SEQ Table 1\* ARABIC }: Key steps, roles and responsibilities for exemptions prior to commencing, and during, detention**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request	<ol style="list-style-type: none"> <li>1. covidquarantine@dhhs.vic.gov.au receives a request for exemption<sup>5</sup>.</li> <li>2. Person confirms flight details and arrival information before the matter is assessed.</li> </ol>		
Assessment and decisions	<ol style="list-style-type: none"> <li>3. Exemptions Team will consider the request and refer to the ECC Commander for decision</li> <li>4. Exemptions case manager to: <ul style="list-style-type: none"> <li>• inform the AO Operation Lead if an exemption is granted so that relevant AO Airport Team Leader and AOs are informed (including correspondence)</li> <li>• Inform the EOC to arrange transport</li> <li>• Inform the CART team if required</li> <li>• arrange for compliance oversight with Victoria police</li> <li>• contact other jurisdictions (if transiting through Victoria).</li> <li>• Record all actions and supporting paperwork in the case management tool</li> </ul> </li> </ol>		
AO to issue Notice of Direction and Detention	<ol style="list-style-type: none"> <li>5. The exemption team will provide guidance to the AO about issuing the exemption paperwork</li> <li>6. AO will: <ul style="list-style-type: none"> <li>• issue a Notice of Direction and Detention for those permitted to undertake detention at an alternative location in accordance with x.x</li> <li>• permit international transit for those issued a letter</li> <li>• record details in COVID-19 Compliance Application</li> </ul> </li> </ol>		200(2) and (4) 203(1)
International transit passenger process	<ol style="list-style-type: none"> <li>7. To facilitate an exemption given to a person for international transit, the AO Team Leader will notify Airport AO and Australian Border Forces (ABF) prior to their arrival at the airport via a specific email with a specific subject title to: <ul style="list-style-type: none"> <li>• "map.border.clearance@abf.gov.au" with a cc to "NorthandWest.EOC@dhhs.vic.gov.au. A template email is below.</li> </ul> </li> </ol>		

<sup>5</sup> An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<ul style="list-style-type: none"> <li>• Email to be titled <i>Transit Passenger from Quarantine Hotel (DHHS)</i> and request assistance to collect released detainee for connecting transit flight to <b>XXX</b>. Email should include: <ul style="list-style-type: none"> <li>• full name (as per passport)</li> <li>• passport number</li> <li>• flight departure time</li> <li>• flight number</li> <li>• arrival time at T2 international departure.</li> </ul> </li> </ul>		
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### 6.3 Unaccompanied minors

Unaccompanied minors will be considered on a case-by-case basis. If an unaccompanied minor is detained in a hotel without a parent or guardian, a specific process must apply.

There are three options:

- i. Unaccompanied minor to undertake detention at an alternate location with parent or guardian
- ii. Unaccompanied minor to undertake detention in hotel with parent. The parent or guardian will be required to agree to the mandatory detention arrangements
- iii. Unaccompanied minor to undertake detention in hotel with welfare support provided by DHHS

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues associated with mandatory quarantine of unaccompanied minors include:

1. where this occurs, and
2. with what adult supervision.

The State can issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. However, this is not preferred because of the welfare obligations imposed.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at **Appendix 4**.***

**Table ( SEQ Table \\* ARABIC ): Key steps, roles and responsibilities for managing unaccompanied minors**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
<b>When an unaccompanied minor normally resides outside Victoria</b>			
AO to request approval if not already sought	1. If Exemptions team has not granted approval, AO to escalate to the Deputy Command Policy and Exemptions and cc covidquarantine		
Assessment and decision	2. Exemptions case manager to: <ul style="list-style-type: none"> <li>• inform the AO Operation Lead and AO Airport Team Leader of approval or rejection</li> <li>• contact other jurisdictions (if transiting to a location outside Victoria)</li> </ul>		

	<ul style="list-style-type: none"> <li>Advise requesting party of the risk management obligations on a domestic flight out of Victoria and seek confirmation it can be achieved.</li> </ul>		
AO to issue Notice of Direction and Detention	<p>3. AO will:</p> <ul style="list-style-type: none"> <li>issue a Notice of Direction and Detention to undertake detention at an alternative location in Victoria in accordance with the instructions and templates provided by the Exemptions case manager</li> <li>permit transit to another state if minor normally resides outside Victoria</li> <li>record details in COVID-19 Compliance Application.</li> </ul>	Yes	200(2),(4) and 203(1)
<b>When minor resides in Victoria</b>			
AO to request approval if not already sought	<p>4. If Exemptions team has not granted approval, AO to escalate to Deputy Command Policy and Exemptions and cc covidquarantine</p>		
Assessment and decision	<p>5. Exemptions case manager to:</p> <ul style="list-style-type: none"> <li>inform the AO Operation Lead and AO Airport Team Leader of approval</li> <li>alert the EOC to arrange transport</li> <li>arrange for compliance oversight with Victoria police.</li> </ul>		
AO to issue Notice of Direction and Detention	<p>6. AO to issue direction and detention notice to child through their guardian for:</p> <ul style="list-style-type: none"> <li>alternate location (home and / or parts of the home); or</li> <li>Provide advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice provided to close contacts in quarantine),</li> </ul>	Yes	200(2), (4) and 203(1)

### 6.3.1 Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: REDACT.
- if it is after hours, contact the after-hours child protection team or REDACT if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

## 7 Permissions

### 7.1 Key points

- AOs can make decisions in consultation with their AO Team Leader or Deputy Commander AO Operations for simple requests.
- AO must complete a permission for temporary leave form and enter details in COVID-19 Compliance Application.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

- for the purpose of attending a medical facility to receive medical care
- where it is reasonably necessary for physical or mental health
- on compassionate grounds
- emergency situations.

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

### 7.2 AO to make decisions on certain permission requests on case-by-case basis

An AO in consultation with their AO Team Leader or Deputy Commander AO operations can make certain straightforward decisions about the following scenarios on a case-by-case basis:

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

Not all leave requests can be accommodated and may be site and resource dependent. Any arrangement for leave would need to meet public health, human rights requirements and balance the needs of the person.

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 12 for further details).

If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport".

Table { SEQ Table 1\* ARABIC }: Key steps, roles and responsibilities for temporary leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> <li>1. AO Team Leader to assess site for suitability of exercise and fresh air breaks.</li> <li>2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site</li> <li>3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval.</li> </ol>		
Request for temporary leave	<ol style="list-style-type: none"> <li>4. Person may seek permission directly from the AO or may email covidquarantine@dhhs.vic.gov.au and explain the grounds for temporary leave</li> </ol>		
Referral to AO	<ol style="list-style-type: none"> <li>5. Permission and Exemptions team to triage and forward to AO for decision</li> <li>6. Permission and Exemptions team to assess complex cases and inform AO</li> </ol>		
AO assessment and decision	<ol style="list-style-type: none"> <li>7. AO to make decision and consider: <ul style="list-style-type: none"> <li>• those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks)</li> <li>• willingness and availability of security to oversee and facilitate exercise or other fresh air break (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly)</li> <li>• site layout, safety and capability to ensure persons are in a cordoned off area</li> <li>• maintaining infection control, such as ensuring persons do not touch door handles or lift buttons</li> <li>• adherence to exercise and smoking procedures</li> </ul> </li> <li>8. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction.</li> </ol>		
Issue permission for temporary leave	<ol style="list-style-type: none"> <li>9. AOs to: <ul style="list-style-type: none"> <li>• instruct security on the dates and times permitted for leave</li> <li>• provide procedural guidance to security and the person in detention, such as exercising in a</li> </ul> </li> </ol>		s.203(1)



	<p>cordoned off area not accessed by members of the public</p> <ul style="list-style-type: none"> <li>• request the medical facility or hospital inform the AO prior to return (for medical temporary leave)</li> <li>• prepare a Permission for Temporary Leave from Detention form (see Appendix 2), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> <li>- a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes</li> <li>- an exercise break is for a certain time and the person must return to their room following exercise or fresh air break</li> </ul> </li> <li>• warn the person that failure to comply with these directions is an offence</li> <li>• ensure the person checks back into the hotel at specified time</li> <li>• seek feedback on implementation of temporary leave and note any issues raised</li> </ul>		
Record	<p>10. If AO approves leave be granted, the AO:</p> <ul style="list-style-type: none"> <li>• must keep records of the Permission for Temporary Leave from Detention form for the person, Appendix 2 and the Register of permissions granted under 4(1) of the Directions and Detention Notice, Appendix 11, and</li> <li>• enter details in COVID-19 Compliance Application.</li> </ul>		

### 7.3 Emergency situations

Table { SEQ Table 1\* ARABIC }: Key steps, roles and responsibilities for emergency leave

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	<p>1. AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.</p>		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p>		

	5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application		
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## 7.4 Procedure for a person in detention / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## 7.5 Guidance for safe movement associated with permissions

### 7.5.1 Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based hand sanitiser as they leave, this will require hand sanitiser to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- Return immediately to their hotel room following the break.

### 7.5.2 Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water before each break;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

### 7.5.3 Infection control considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

**In addition:**

Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.

They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.

Smokers can take up to 2 breaks per day if staffing permits.

Rostering to be initiated by the departmental staff/AO present.

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## 8 Compliance

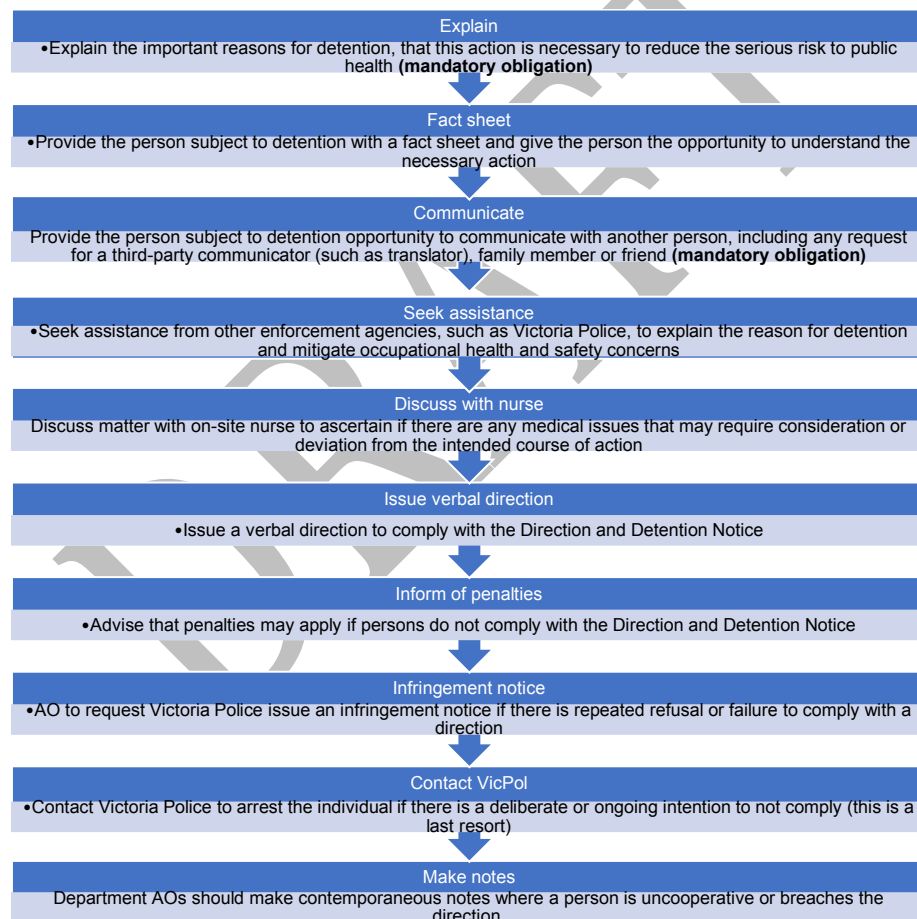
### 8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

### 8.2 Options to facilitate compliance

AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## 8.3 Unauthorised departure from accommodation

**Table { SEQ Table \\* ARABIC } : Key steps, roles and responsibilities for managing unauthorised departure from accommodation**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify AO Team Leader, on-site security and hotel management and request search.		
Contact Victoria police	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> <li>• seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave</li> <li>• provide an opportunity for the person to explain the reason why they left their room</li> <li>• assess the nature and extent of the breach, for example: <ul style="list-style-type: none"> <li>- a walk to obtain fresh air</li> <li>- a deliberate intention to leave the hotel</li> <li>- mental health issues</li> <li>- escaping emotional or physical violence.</li> </ul> </li> <li>• consider issuing an official warning or infringement through Victoria Police</li> <li>• reassess security arrangements.</li> </ul>		s.203(1)

## 8.4 Infringements

There are four infringement offences applicable to detention arrangements. These are:

**Table 1 List of infringements**

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 penalty units for a natural person and 30 penalty units for a body corporate without a reasonable excuse).	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
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## 9 Occupational health and safety (OHS) for Authorised Officers

The purpose of this section is to provide an occupational health and safety procedure for AOs when attending off site locations during the current State of Emergency.

### 9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the AO Team Leader or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

### 9.2 Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

### 9.3 OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with the rostered AO Team Leader.

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

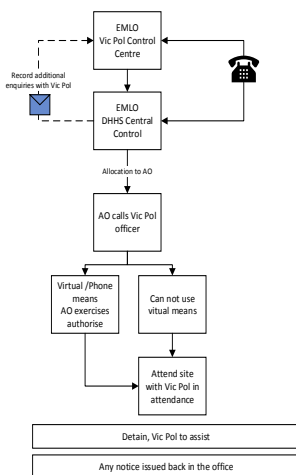
### 9.4 Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your AO Team Leader or Deputy Commander AO operations.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## 9.5 Risk assessment before attendance -Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer and a AO Team leader or the Deputy Commander AO operations or DHHS management.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measures to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

## 9.6 Personal measures to reduce risk the risk of exposure to COVID

### 9.6.1 General

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible. For example,:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your AO team leader for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:



- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitiser.

### 9.6.2 AOs going onto floors of hotel

AOs going onto hotel floors with persons subject to detention must wear a surgical mask. There will be surgical masks for AO's at the hotels.

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### 9.6.3 Relocating a confirmed case of COVID-19

All COVID confirmed cases will be transferred to a Covid hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed covid case may wish to remain with the confirmed covid detainee and transfer to the covid hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

**The room or location change must be recorded in the compliance app by the AO**

## 9.7 Measures and guides to enhance occupational health and safety

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is suspected or confirmed case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

## 9.8 Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police or with security.
Other infectious agents		Follow personal protective measures

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## Appendix 1 – Script for plane/arrival

### Required script before issuing a direction and detention notice

*My Name is XXXX, I work for the Department of Health and Human Services Victoria and I am an Authorised Officer under the Public Health and Wellbeing Act. I am also authorised for the purposes of the emergency and public health risk powers in Victoria's current State of Emergency.*

*Because you have arrived in Victoria from overseas, when you disembark off this plane you will be issued with a direction and detention notice, which requires you to quarantine for a 14-day period at the hotel nominated on the notice.*

*Many of Victoria's cases of covid-19 originate from overseas and international travellers so this action is necessary to ensure we reduce the serious risk to public health posed by COVID 19.*

*Refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.*

*Once you have been issued with the notice, please keep it with you at all times.*

*We greatly appreciate your co-operation and assistance in these challenging times. Thank you again.*

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## Appendix 2 - Permission for temporary leave from detention

### PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

#### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

#### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:  
**Name of facility:** \_\_\_\_\_  
**Time of admission/appointment:** \_\_\_\_\_  
**Reason for medical appointment:** \_\_\_\_\_
- (b) where it is reasonably necessary for physical or mental health:  
**Reason leave is necessary:** \_\_\_\_\_  
**Proposed activity/solution:** \_\_\_\_\_
- (c) on compassionate grounds:  
**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

#### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

#### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

#### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 3 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

- **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for the person's physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

- **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

- **What are the requirements when you are granting a permission to a person under the age of 18?**

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

- **What other directions can you give?**

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### **What are your obligations when you require compliance with a direction?**

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

## Appendix 4 Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



Australian Government  
Department of Health

Coronavirus disease  
(COVID-19)

### Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

#### Aviation crew

##### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

##### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

##### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

#### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)  
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

### Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

### Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

### Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

### Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

### Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on **REDAC**. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call **REDI**.



## Appendix 5 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

### Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

### Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

### How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

## Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).

- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and

individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

### **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

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## Appendix 6 Direction and Detention Notice – Solo Children

### DIRECTION AND DETENTION NOTICE

#### SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

#### Reason for this Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020..

A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.

In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.

You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.

Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.

You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.

The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

#### Place and time of detention

You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

#### Directions — transport to hotel

You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

### Conditions of your detention

**You must not leave the room in any circumstances**, unless:

you have been granted permission to do so:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for your physical or mental health; or
- on compassionate grounds; or

there is an emergency situation.

**You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

(18) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

### Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

### Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

- We will check on your welfare throughout the day and overnight.
- We will ensure you get adequate food, either from your parents or elsewhere.
- We will make sure you can communicate with your parents regularly.
- We will try to facilitate remote education where it is being provided by your school.
- We will communicate with your parents once a day.

**Offence and penalty**

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

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## Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

### Details of Detention Notice

**Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>

**Date of Detainment and Detention Notice:** <<DETENTION START DATE>>

**Place of Detention:** <<HOTEL>> <<ROOM>>

### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by <<DETENTION END DATE>>;  
and

you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on <<DETENTION END DATE>> at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 3) (**Direction**), as amended from time to time. Pursuant to the Direction, if you live in Victoria you are required to travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.



In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

#### End of Detention Instructions

**You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you.**

Your detention **does not end** until the time stated in paragraph 0 of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

When leaving detention you **must** adhere to the following safeguards:

- if provided to you, you **must** wear personal protective equipment;
- you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
- you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and
- upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

## 2 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you [have returned a positive test for COVID-19] or [have started displaying symptoms of respiratory illness].

#### 1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after midnight on 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### 2. Details of End of Detention Notice

Name of Detainee: \_\_\_\_\_

Date Notice Made: \_\_\_\_\_

Date Notice Expires: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

*(if medical care is required)*

COVID-19 Status or respiratory illness symptoms [tick applicable]:

COVID-19 confirmed: \_\_\_\_\_  coughing

*[insert date of test]*

fever or temperature in excess of 37.5 degrees  sore throat

congestion, in either the nasal sinuses or lungs  body aches

runny nose  fatigue

#### 3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have noticed that you [have been diagnosed with COVID-19] or [have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) *[delete as applicable]*].

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- a) *[if applicable]* You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is suitable

for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;

- b) *[if applicable]* You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and
- c) You are ordinarily a resident in Victoria.

Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable]*.

The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

#### 4. Conditions

- You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]* by an Authorised Officer. You may / will *[delete as appropriate]* be supervised during transit.
- While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.
- You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.

#### 5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable]*, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 9:End of detention guidance note

**How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detention, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge each person
- if a person's detention is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

It is preferable that an End of Detention Notice be issued the day before a person's detention is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.

A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

## Appendix 10: Charter of Human Rights obligations

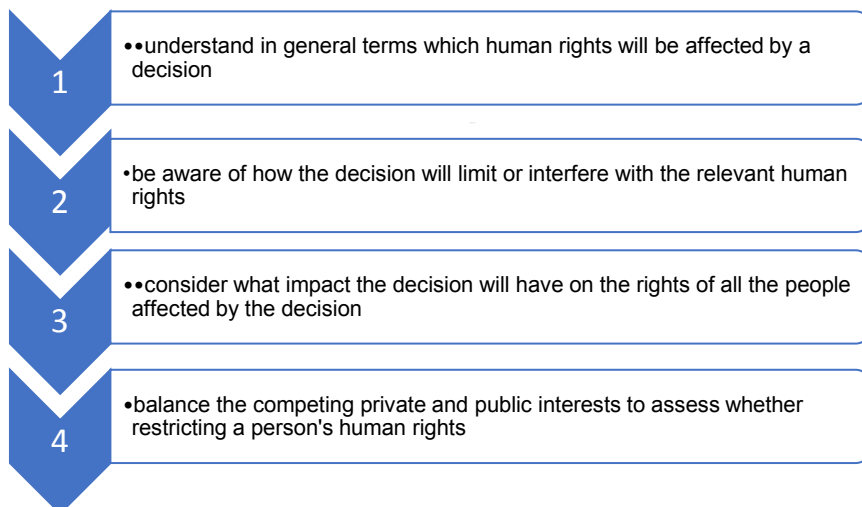
### Key points

- AO must act compatibly with human rights.
- AO must give 'proper consideration' to the human rights of any person(s) affected by an AO's decision.

### Department AO obligations under the Charter of Human Rights and Responsibilities Act 2006

Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

### How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
<b>Right to life</b>	<ul style="list-style-type: none"> <li>• This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life</li> </ul>

<b>Right to protection from torture and cruel, inhuman or degrading treatment</b>	<ul style="list-style-type: none"> <li>This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>
<b>Right to freedom of movement</b>	<ul style="list-style-type: none"> <li>while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas</li> </ul>
<b>Right to privacy and reputation</b>	<ul style="list-style-type: none"> <li>this includes protecting the personal information of persons in detention and storing it securely</li> </ul>
<b>Right to protection of families and children</b>	<ul style="list-style-type: none"> <li>this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>
<b>Property Rights</b>	<ul style="list-style-type: none"> <li>this includes ensuring the property of a person in detention is protected</li> </ul>
<b>Right to liberty and security of person</b>	this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
<b>Rights to humane treatment when deprived of liberty</b>	this includes treating persons in detention humanely.

## Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

Ref No.	Date	Name of detained person	Reason	Time-Out	Time-In

## Appendix 12 Guidance Note — Exceptions to the General Quarantine Policy

### Summary

You are [an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) (**PHW Act**) to exercise certain powers under that Act] [or a delegate of the Chief Health Officer under section 22 of the PHW Act] [**Note: however, only registered medical practitioners can be delegates under s 22**]. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

This guidance note has been prepared to assist you to carry out your functions in determining whether individual persons arriving in Victoria from overseas should be exempt from being made subject to a detention notice requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) (the **general quarantine policy**). This policy is in place because people returning from overseas are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return and because the earlier requirement to isolate at home was not uniformly complied with.

As part of your functions, you are required to make decisions as to whether an exception to the general quarantine policy is warranted in particular cases that have been escalated to you by authorised officers. If you decide that an exception applies, you must subsequently decide whether the person in question should be:

1. released from quarantine in Victoria (because they are medically cleared or will be subject to another jurisdiction's regime); or
2. required to complete their quarantine in another location in Victoria (at home or in another facility), in which case they would be subject to the same conditions that apply to other international arrivals under the standard direction and detention notice, including monitoring and penalties for non-compliance.

This guidance note sets out the following **six categories of exceptions** to the general quarantine policy and provides a checklist of relevant factors to be considered when determining whether each exception applies:

1. International transit (for example, transit in Victoria from New Zealand en route to Europe or vice versa).
2. Interstate transit (with the approval of the receiving jurisdiction, usually for compassionate reasons or as an unaccompanied minor).
3. Unaccompanied minors whose legal guardians are unable to reside with them at the hotel (for example, due to other caring responsibilities).
4. Compassionate or medical grounds (for example, if the person suffers from anaphylaxis).
5. Previous confirmed cases with medical clearance who no longer require quarantine.
6. Key workers.



It also provides guidance on how to fulfil your obligations under the Charter for each exception. Those obligations are to act compatibly with human rights and to give 'proper consideration' to the relevant human rights of any person(s) affected by your decisions. The relevant factors and human rights considerations will differ depending on the applicable exception.

We note that, although it is important that the exceptions are reasonably transparent and communicated clearly to people arriving in Victoria from overseas, this must be balanced against the need to ensure that the categories of exceptions are appropriately circumscribed so as not to undermine the general quarantine policy. Further, although this guidance note has been developed in the interests of ensuring consistency and clarity in the application of the exceptions, you must determine each request on a case-by-case basis.

### Your obligations under the Charter

You are a public officer under the Charter. This means that, in deciding whether an exception to the general quarantine policy is warranted in any particular case, you must give 'proper consideration' to the human rights of *any person* affected by the decision, including the person who would otherwise be subject to the detention notice, the person(s) who they may quarantine with if they were to quarantine at home, and members of the community.

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (these rights are set out below and differ depending on the exception);
- **second**, seriously turn your mind to the possible impact of your decision on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights is justified in the circumstances.

### Exceptions **[Ensure consistency with Aus Government policy re exceptions to mandatory quarantine]**

#### 1. International transit

*Description of category*

*Relevant factors*

**[DHHS to please provide]**

*Relevant human rights*

#### 2. Interstate transit

*Description of category*

**[Refer to letter to diplomat re exception to travel to Canberra]**

*Relevant factors*

[DHHS to please provide]

Relevant human rights

**3. Unaccompanied minors whose legal guardians are unable to reside with them at the hotel**

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

**4. Compassionate or medical grounds**

Description of category

[Refer to previous assessments for ██████████]

Relevant factors

[DHHS to please provide]

Relevant human rights

**5. Previous confirmed cases with medical clearance who no longer require quarantine**

Description of category

Relevant factors

[DHHS to please provide]

Relevant human rights

**6. Key workers**

Description of category

[Refer to letter from Minister Hunt re exception for key workers]

Relevant factors

[DHHS to please provide]

Relevant human rights

[Note: do we possibly need a 'miscellaneous' / catch-all category, to capture cases that may warrant an exception but do not fall squarely into one of the above categories?]

# ANNEX 1

## COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

### Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	REDACTED	Angie Bone	Meena Naidu	29/4/2020
2.0	Approved	REDACTED	Meena Naidu	Murray Smith	24/05202020

**This document is not for public release and is classified as 'sensitive'.**

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# 1 Purpose and background

## 1.1 Purpose

This purpose of this annex is to outline the compliance and enforcement functions and procedures for the Direction and Detention notice under the *Public Health and Wellbeing Act 2008* (PHWA).

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

## 1.2 Background

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria.

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days. A third notice (No 3) was issued on 11 May 2020, that requires the detention of all persons arriving in Victoria from overseas to be detained in a quarantine hotel for a period of 14 days (Appendix 1).

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

### 1.2.1 Objectives

The objectives of the plan for people returning from overseas to Victoria are:

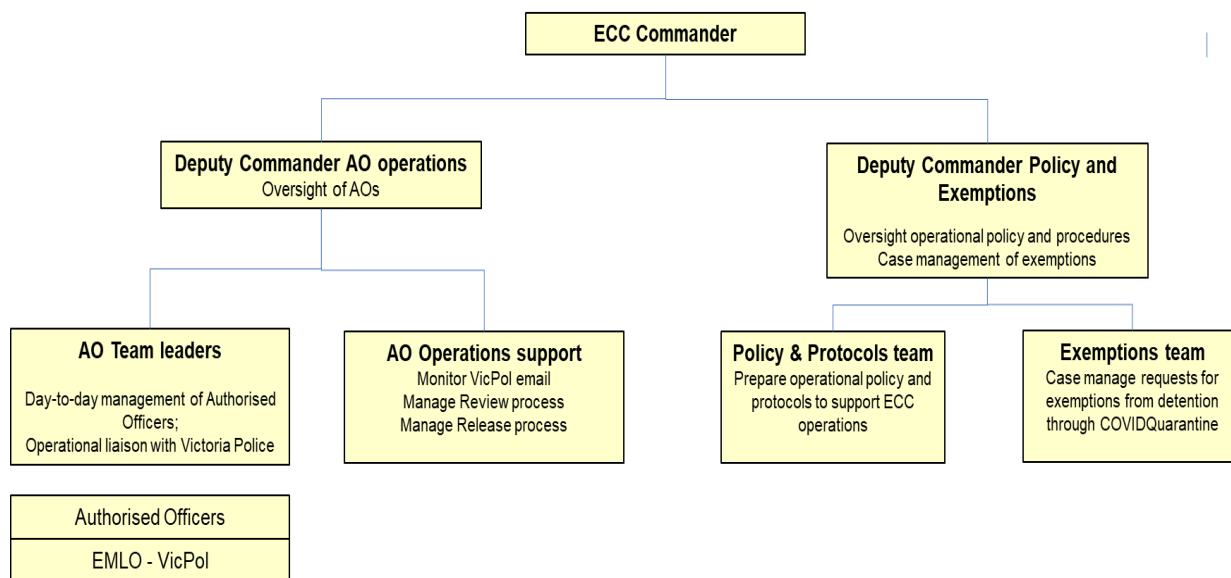
- To identify any instance of illness in returned travellers in order to detect any instance of infection.
- To ensure effective isolation of cases should illness occur in a returned traveller.
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days.
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required.
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database.
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention.
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.



## 2 Enforcement and Compliance Command governance

### 2.1 Enforcement and Compliance Command structure

Figure 1. Enforcement and Compliance Command structure



### 2.2 ECC roles and responsibilities

Table 1. ECC cell roles

Role	Responsibilities
Enforcement and Compliance Commander	<ul style="list-style-type: none"> <li>Lead and provide oversight to compliance matters under all Public Health Directions.</li> <li>Provide advice and input into complex compliance matters.</li> <li>Provide advice and support to the Chief Health Officer and their delegate on compliance.</li> <li>Address interagency issues</li> <li>Approve requests for changes to alternative detention arrangements</li> <li>Daily review of those subject to detention</li> </ul>
Deputy Commander AO operations	<ul style="list-style-type: none"> <li>Provide oversight to Authorised officers</li> <li>Ensure effective communication between AO operations, Command and Policy and Exemptions</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure operations are compliant with protocols</li> <li>• Engage with EOC as required around hotel operations and compliance</li> <li>• Lead the provision of guidance to the AO Team Leaders.</li> <li>• Report on daily review of people being detained.</li> </ul>
AO Operations support	<ul style="list-style-type: none"> <li>• Undertake rostering, recruiting and onboarding of ECC resources</li> <li>• Monitor VicPol email address</li> <li>• Manage daily review of detention process</li> <li>• Manage release from detention process.</li> </ul>
Senior AO	<ul style="list-style-type: none"> <li>• Provide leadership to AOs.</li> <li>• Monitor the approval of permissions</li> <li>• Support AOs through complex matters</li> <li>• Make exemption request where appropriate</li> <li>• Ensure appropriate parties are aware of complex matters</li> </ul>
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>• Issuing detention notices</li> <li>• Ensuring compliance with the notices</li> <li>• Issuing and managing permissions</li> <li>• Actioning approved exemptions</li> <li>• Actioning the release of detainees from hotels</li> <li>• Provide support to VicPol as required</li> </ul>
EMLO VicPol	<ul style="list-style-type: none"> <li>• Liaise with Victoria Police.</li> </ul>
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> <li>• Oversight of operational policy and procedures.</li> <li>• Key liaison point with legal</li> <li>• Case management of exemptions.</li> </ul>
Exemptions Managers	<ul style="list-style-type: none"> <li>• Approve cases declined at Triage</li> <li>• Review cases to be approved by the Commander</li> </ul>
Exemptions Team Leaders	<ul style="list-style-type: none"> <li>• Support team members through complex cases</li> <li>• Ensure cases are appropriately closed out</li> </ul>
Exemptions team	<ul style="list-style-type: none"> <li>• Triage cases as they are received</li> <li>• Manage COVIDQuarantine inbox</li> <li>• Case manage requests for exemptions from detention.</li> <li>• Liaise with other parties as required to manage cases</li> </ul>
Policy and Protocols team	<ul style="list-style-type: none"> <li>• Prepare operational policy and protocols to support enforcement and compliance.</li> <li>• Prepare briefs, PPQs and other documents and reports as required</li> </ul>

## 2.3 Roles and responsibilities for other staff

**Table 2. Non-compliance cell staff at hotel**

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> <li>• Supports the health and well-being of staff.</li> <li>• Liaises with airport command and staff from the Department of Jobs Precincts and Regions represented at the hotel.</li> <li>• Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations.</li> <li>• Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required.</li> <li>• Ensures appropriate records management processes are in place.</li> </ul>
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs.</li> <li>• Deliver hyper-care (concierge) services onsite.</li> <li>• Manage contracts with accommodation providers.</li> <li>• Manage transport arrangements from the airport and other locations detainees as permitted by AOs.</li> <li>• Manage material needs including food and drink.</li> </ul>
Nursing staff	<ul style="list-style-type: none"> <li>• Provide 24 hour on-call medical support subject to demand.</li> <li>• Provide welfare to detainees through a daily welfare check — DHHS welfare officers email <a href="mailto:COVIDQuarantine@dhhs.vic.gov.au">COVIDQuarantine@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues.</li> <li>• Provide a satisfaction survey for residents to complete each week.</li> </ul>
Security	<ul style="list-style-type: none"> <li>• Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.</li> </ul>

## 2.4 COVID-19 Quarantine Compliance and Welfare System

The COVID-19 Quarantine and Welfare System is the key recording and reporting system supporting the ECC. It supports quarantine arrangements by providing a common database for compliance health and welfare activities. The systems is protected for privacy reasons with different cohorts having access to specific part of the database through either an app or directly through the Customer Relationship Management (CRM) interface. The ECC has access to

- [COVID-19 Compliance Application](#) (Compliance App)- This application supports AOs to issue, maintain and record Direction and Detention notices and permissions as well as issue and record certain exemptions. .
- COVID-19 Exemptions – This tool enables the exemptions team to triage; case manage and close requests for exemptions. It is linked to the Compliance App so AOs are able to see the status of, request and action exemptions.

A Smart form for applications for exemptions is on the DHHS website for travellers or their representatives to request a change to the mandatory detention arrangements. The SMART form feeds directly into the CRM.

A **User Guide** is available to guide ECC team members.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

## 3 Authorised officers and powers

### 3.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice
- AOs must meet legislative obligations around identification, warnings, communication and human rights when exercising powers.

### 3.2 Authorisation under the PHWA to exercise emergency powers

**Only VPS employees and council environmental health officers that are AOs under the PHWA and also authorised by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise public health risk and emergency powers.**

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date.

**Note: Any AO that is unsure as to whether they have been authorised under s. 199 should contact the AO Operations support team prior to enforcing compliance with the Direction and Detention Notices.**

While exercising their powers and monitoring compliance, AOs should be cognisant that persons subject to detention may be tired, emotional and stressed. AOs may need to use conflict negotiation, mediation skills and compassion to help persons settle into the new environment.

#### 3.2.1 Emergency powers and offences

Section 200(1) of the PHWA sets out the emergency powers, including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

The Direction and Detention notice is made pursuant to section 200 of the PHWA (emergency powers), Attachment 1.

It is an offence under section 203 of the PHWA if a person refuses or fails to comply with the directions and requirements set out in the Direction and Detention notice (unless there is a reasonable excuse for refusing or failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate. There are infringement penalties of 10 penalty units for a natural person and 60 penalty units for a body corporate.

## 3.3 Authorised officer and Chief Health Officer obligations

Sections 200(2) – (8) of the PHWA set out several AO obligations in relation to detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

### 3.3.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when exercising powers. Table 3 below summarises mandatory obligations.

**Table 3. Mandatory obligations of AOs**

Legislation	Obligations
<b>Emergency powers and general powers in the <i>Public Health and Wellbeing Act 2008</i></b>	<ul style="list-style-type: none"> <li>• AO must show ID card before carrying out actions/exercising powers</li> </ul>
	<ul style="list-style-type: none"> <li>• Before any person is detained, AO must briefly explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable</li> </ul>
	<ul style="list-style-type: none"> <li>• Before any person is detained, AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence.</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must facilitate any reasonable request for communication</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team)</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health<sup>1</sup>.</li> </ul>
<b>In addition, AOs must comply with the Charter of Human Rights</b> (see also Appendix 16)	<ul style="list-style-type: none"> <li>• AO must act compatibly with human rights</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.</li> </ul>

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

<sup>1</sup> An Authorised Officer under the PHWA that has been authorised to exercise public health risk and emergency powers

### 3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice from the Deputy Commander AO Operations if they are unsure about the administration of their powers.**

#### 3.3.3 Authorised officer obligations:

##### Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA (unless impractical to do so):
- At any time during the exercise of powers, if you are asked to show your ID card
- As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

##### Inform people of their rights and obligations

- You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health (s.167).
- Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

## 4 AO responsibilities at port of arrival

AOs issue Direction and Detention notices to people arriving in Victoria (airports and seaports)<sup>2</sup> from overseas who must go into immediate compulsory quarantine for 14 days. This is because international arrivals present a high-risk of further transmission of the COVID-19 virus and detention is necessary to reduce or eliminate the serious risks to public health associated with the virus.

All passengers will be transported to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period with the **day of arrival counted as day 0**.

The airport is the first point of contact for an AO, who must undertake several obligations to administer the direction and detention notice issued under the PHWA.

### 4.1 Key points

- AO must fulfil mandatory obligations (e.g. show ID card and explain reason for detention,).
- AO must check that a direction and detention notice is filled in properly and recorded.
- AO to provide factsheet and privacy collection notice to person.

### 4.2 Key responsibilities

**Table 4. AO responsibilities at the airport**

Step	AO responsibilities	Mandatory obligation	Section (PHWA)
Identify pre-approved exemptions	<ol style="list-style-type: none"> <li>1. Prior to flight arrival the rostered Airport AO should check for any preapproved exemptions which may need to be actioned at the airport</li> <li>2. Exemptions will be provided by the Exemptions Team Manager to the AO rostered at the airport as well as Airport Operations Command prior to passenger disembarkation.</li> <li>3. Any queries in relation to the exemption should be directed to the Exemption team lead.</li> <li>4. AO to check exemption paperwork and identify on passenger manifest sheet 'exemption'.</li> </ol>		
Flight arrival	<ol style="list-style-type: none"> <li>5. Inform flight crew of AO action and request translation of script<sup>3</sup>.</li> <li>6. Declare you are an Authorised officer and show your identification card.</li> <li>7. Read script (Appendix 2), which:               <ol style="list-style-type: none"> <li>i. explains the reasons for detention</li> <li>ii. warns returning passengers that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply</li> <li>iii. reminds passengers they must keep their detention notice.</li> </ol> </li> </ol>	Yes	Sections 166, 200(2),200(4) and 202(1)



<sup>2</sup> See exemptions section that describes circumstances and policies for maritime environment

<sup>3</sup> See suggested script at Attachment 1



	<p>8. Repeat twice.</p> <p>9. Flight crew read script in all relevant languages.</p>		
Issue notice immediately after disembarkation	<p>10. Show identification.</p> <p>11. If the traveller is not a foreign diplomat or immediately transferring to an international flight leaving within 8 hours of arrival, serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (Appendix 1). Unaccompanied children who are detained must be served the solo child notice (Appendix 3). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>12. Ask passenger/s if they understand the notice. If not, explain reasons for detention again, warn them that it is an offence to not comply and answer questions.</p> <p>13. If practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>14. Facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention <b>(call Victorian Interpretation and translation service on 9280 1955; PIN code is REDAC 1111)</b></p>	Yes	Section 200(5)
Confirm details	<p>15. Ensure each direction and detention notice:</p> <ul style="list-style-type: none"> <li>i. states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>ii. contains the signature of the person being detained or their guardian as receipt of the notice</li> <li>iii. states the name and signature of the AO</li> <li>iv. contains the hotel name at which the person will be detained</li> <li>v. contains the date of commencement of detention.</li> </ul>		
Record issue of receipt	<p>16. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application<sup>4</sup>. You may be assisted by a non-AO in this task.</p>		

<sup>4</sup> The Business system referred to here is the Quarantine Compliance and Welfare System COVID-19 Compliance Application

	<p>17. Request person subject to detention present to AO at hotel. Direct person to area for transport to hotel.</p> <p>18.</p> <p> Provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</p>		
Arrangements for diplomats and immediate transits	<p>19. Foreign diplomats cannot be served a detention notice. The Exemptions team will provide a letter to give to the diplomat and will provide instruction. This will normally be done in advance of the flight arrival</p> <p>20. Take a photo of the letter issued</p>		
Arrangements for immediate transits (less than 8 hours between international flights)	<p>21. Check onward ticket and that the traveller is not showing symptoms of covid.</p> <p>22. Record the individual as a transit in the Compliance app. No document is required to be issued.</p> <p>23. Advise traveller they are required to stay airside between flights at the designated transit area</p>		
Check with welfare team	<p>24. Liaise with Senior AO and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>25. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section 7 (Permissions) for further detail.</p> <p>26. Ensure the person subject to detention understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p> <p>27. Make a note in the Compliance app and ensure the AO at the relevant hotel and Deputy Command AO operations is aware a permission has been granted.</p> <p>28.</p> <p> Complete the hospital fact sheet and provide a copy to the driver to be given to the hospital on detainee arrival.</p>		
Record	<p>29. Record any actions in the COVID Compliance Application, including the above mandatory obligations, use of translator and any associated issues.</p>		

#### **4.2.1 Transfer of uncooperative person to be detained**

There may be circumstances where a person refuses to be cooperative. DHHS Operations staff at the airport may elect to organise a separate mode of transport for in such circumstances, noting Victoria Police may be requested to escort such individuals.

## 5 AO responsibilities at hotels

As part of meeting mandatory detention requirements in the Direction and Detention notice, the Victorian Government has arranged accommodation in numerous locations, primarily in the Melbourne CBD area. The purpose of this is to restrict the movement of international arrivals to limit the spread of COVID-19.

### 5.1 Key points

- AO oversees and provides advice on compliance and works with security, hotel staff, and medical and other staff.
- AOs are responsible for detention release following the mandatory 14 day detention

### 5.2 Shift change over

**Table 5: Key steps and AO roles and responsibilities during shift change over**

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Introduction	1. Introduce yourself to: <ul style="list-style-type: none"> <li>• hotel/duty manager</li> <li>• head of security</li> <li>• DHHS Team Leader</li> <li>• DJPR site manager (if on site)</li> <li>• medical staff.</li> </ul>		
Handover	2. Obtain a handover from the previous AO (verbal and high-level information) to: <ul style="list-style-type: none"> <li>• understand detainee issues, early releases, exemptions (including status) and permissions</li> <li>• ascertain location of records and template forms</li> <li>• any hotel operational issues (e.g. physical exercise space unavailable, changes to operational policies like food delivery)</li> <li>• ensure COVID-19 Compliance Application has been updated</li> <li>• if exits from detention expected, ensure AO team and release team aware of plans and location of documentation.</li> </ul>		

## 5.3 Hotel check-in

The purpose of hotel check-in is to:

- enable hotel staff to provide people being detained with a room number and key
- reiterate obligations for those being detained.

**Table 5. Key steps and AO roles and responsibilities – hotel check-in**

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Check-in	<ol style="list-style-type: none"> <li>1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:               <ol style="list-style-type: none"> <li>i. room number</li> <li>ii. the date that the person will be detained until (14 days after arrival at place of detention).</li> </ol> </li> <li>2. AO to initial the room number on the notice, record in the Compliance App and take a photo of the page with the room number before returning to the detainee.</li> </ol>	Yes	
Check and reiterate Direction and detention notice	<ol style="list-style-type: none"> <li>3. AO answers compliance-related questions and deals with compliance issues, including reiterating aspects relating to the notice.</li> </ol>		Sections 166, and 203(1)
Liaise with medical and welfare staff	<ol style="list-style-type: none"> <li>4. Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).</li> </ol>		

## 5.4 Monitoring compliance

The AO will provide oversight and ensure compliance with the direction and detention notice

**Table 6. Key steps and AO roles and responsibilities – monitoring compliance**

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security undertake floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: none"> <li>a person refusing to comply and a person demanding to be removed from detention</li> <li>reminding a person the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply</li> <li>responding to requests from security to address compliance issues</li> <li>answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do</li> <li>seeking assistance from security or Victoria police to support compliance efforts</li> <li>facilitating any reasonable requests for communication. <b>For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is REDA</b></li> </ul>		202, 203(1)
Permissions	3. See Section 0 (Permissions). 4. Raise requests for permission to leave with the Senior AO if there is not an authorised area for the detainee to exercise the permission or there is complexity in applying the transition (e.g. requires leaving the hotel site). All requests by detainees to leave the hotel site must be escalated to Deputy Command AO operations if not already approved. 5. Administer permission to leave and monitor compliance.		203(1)
Exemptions	6. See Section 6 (Exemptions). 7. Raise any exemption requests with Senior AO in the first instance. The Senior AO may make an exemption request through the Compliance App [or may request the AO to do so] for consideration. <b>Criteria for consideration is:</b> <b>i) detainee may be unsafe in the hotel environment</b>		200(2),200(4) and 203(1)

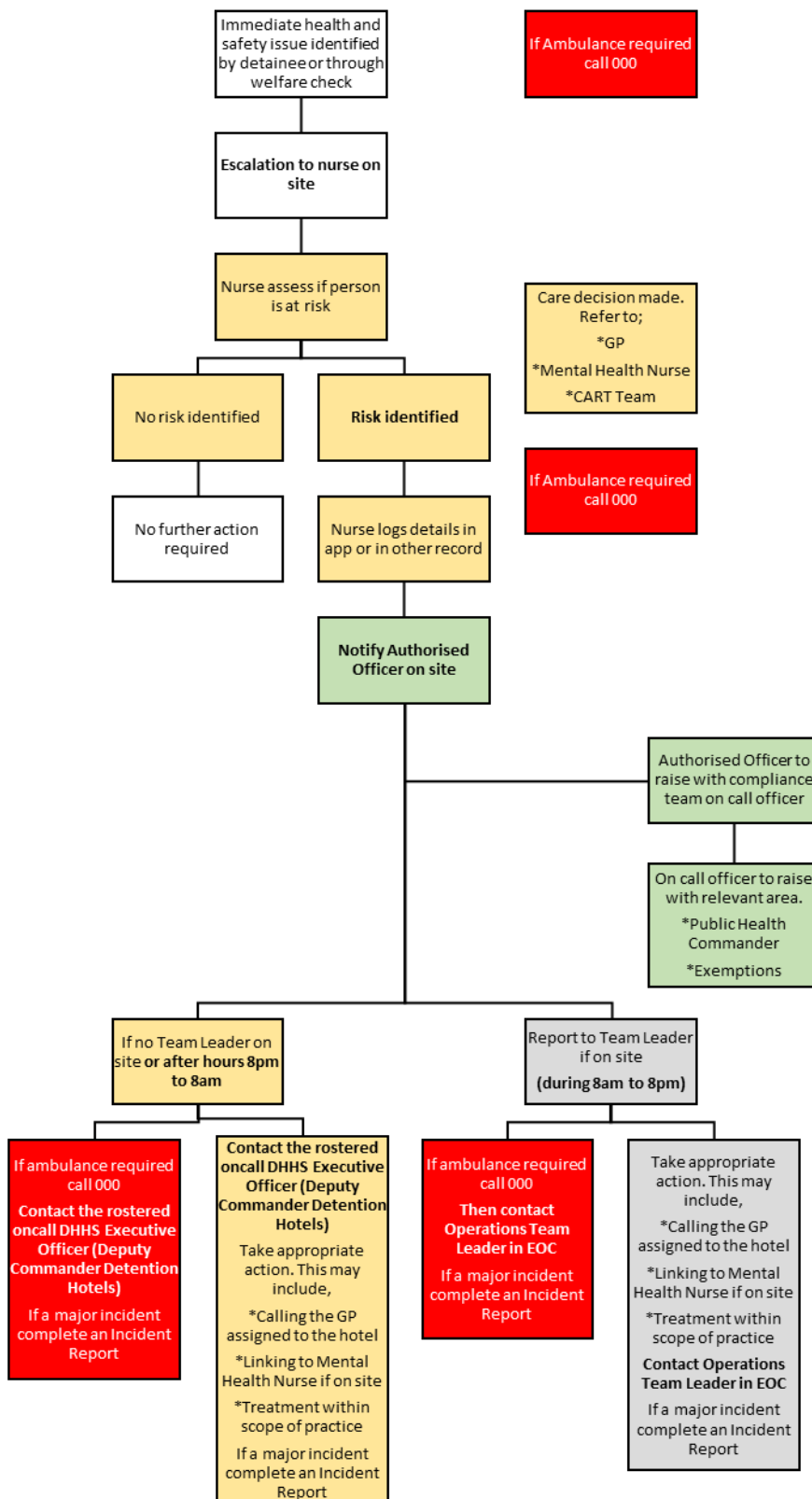
	<p><b>ii) cannot accommodate detainees needs in the hotel</b></p> <p>8. Issue Direction and Detention Notices for detention in alternate locations if ECC Commander approves an exemption request. In this case, a case manager from the Exemptions Team will contact the AO with details. <b>Before issuing notice, explain reasons for detention and warn that refusal to comply is an offence.</b></p>		
Records	<p>9. Notes of any communication or engagement with the detainee should be made in the contact log section of the Compliance app</p> <p>10. Record all permissions in the permissions section of the COVID Compliance App.</p> <p>11. Take photos of all amended or reissued direction notices issued while at the hotel using the Compliance App.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p> <p>13. If an emergency occurs with a detainee, follows the emergency procedure and alert the Team Leader and the Senior AO.</p> <p>14. The Senior AO is to ensure the Deputy Commander AO operations and the ECC Commander is alerted to all emergencies. Where a matter may lead to an exemption being required, they should also alert the Exemptions team</p>		



## 5.5 Emergency health and welfare incidents

Where there is an immediate health and welfare issue identified at the hotel, the following process is to be followed.

**Figure 2. Emergency Workflow**





## 5.6 Clarity about role of AO

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email “Referral to organise transport”
- physically moving COVID-19 patients. Please see procedure under ‘Occupational Health and safety’
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats. This includes providing any advice in relation to these inspections
- arranging accommodation for any detainee leaving the hotels
- monitoring or ordering PPE or other supplies.

If an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer them to the DHHS Team Leader on-site for follow up. For medical and welfare issues, the AO should inform on-site medical and nursing staff in accordance with section 5.5 above.

## 5.7 Daily review and reporting by the AO Review Team

The daily review is a mandatory obligation to determine whether continued detention of a person is reasonably necessary to eliminate or reduce a serious risk to health. There are mandatory obligations for the AO to inform the Chief Health Officer (CHO) and the CHO to inform the Minister. This is the responsibility of the Deputy Command AO Operations who will be aided by the AO operations support team in fulfilling this task.

**Table 7. Key steps and AO Review Team roles and responsibilities – daily review**

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> <li>• reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours)</li> <li>• reviewing the number of detainees present at the hotel</li> <li>• reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to</li> <li>• noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Noting any exemptions issued or concerns raised with any detainee</li> </ul> <p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health.</p> <p>4. Consider the human rights being impacted – refer to ‘Charter of Human Rights’ obligations in Appendix 16</p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detention.</p> <p>7. Consider that detention is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> <li>• person’s health and wellbeing</li> <li>• any breaches of self-isolation requirement</li> <li>• issues raised during welfare checks (risk of self-harm, mental health issues)</li> <li>• actions taken to address issues</li> <li>• a person having been tested and cleared of COVID-19 while in detention</li> <li>• any other material risks to the person.</li> </ul>		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Prepare brief (Minister)	<p>10. Complete template brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> <li>• a person has been made subject to detention</li> <li>• following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.</li> </ul> <p>11. The notice to the CHO must include:</p> <ul style="list-style-type: none"> <li>• the name of the person being detained</li> <li>• statement as to the reason why the person is being, or continues to be, subject to detention.</li> </ul>	Yes	Sections 200(7) and (8) Section 200(9)

	<p>12. Deputy Command AO operations to review and approve the Review and Brief</p> <p>13. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions.</p>		
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## 5.8 Departure – release from mandatory detention

The purpose is to ensure and confirm the person being detained:

- i. has completed their period of detention under the Direction and Detention notice
- ii. is released in a timely and orderly manner.

### 5.8.1 Pre-check out

In the days leading up to release the AO Operations support team will work with DJPR, the EOC and Public Health Command to identify the detainees to be released, the exit times for the detainees and whether any detainees are required to be issued a non-general end of detention notice as a result of any COVID-19 testing completed during the quarantine period. The release notices are to be prepared in accordance with the policy in Appendix 9

The Operations Support team will print out release notices for all detainees as well as an exist sheet and will arrange for these to be delivered to the relevant hotels.

Prior to release of a person being detained, DHHS (with the help of hotel security) will provide each person being detained with either:

1. An End of Detention Notice, Appendix 10;
2. An End of Detention Notice (confirmed case not cleared infection), Appendix 11
3. An End of Detention Notice (close contact), Appendix 12
4. An End of Detention Notice (symptoms of respiratory illness), Appendix 13
5. An End of Detention Notice (continued detention) Appendix 14

These notices provide information about the discharge process and the obligations of the detainees.

**Continued detention will only be applied where a detainee who normally reside interstate is symptomatic and a close case or confirmed and refuses to remain in Victoria. The decision to continue to detain an individual will be made by the EC Commander in consultation with legal and the PH Commander**

### 5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained is well, symptomatic or positive.

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day detention period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to COVIDquarantine@dhhs.vic.gov.au for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form.
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

### **5.8.3 Day of release**

Security will provide detainees approximately 1 hour notice of their exit time. Security will then bring detainees down at their scheduled exit time.

### **5.8.4 Check-out process overview (compliance check-out)**

The release process will consist of an organised check-out procedure (the compliance check-out). This means people being detained will be released in stages throughout a set time period on the day of release.

COVID-19 cases and suspects require a separate check-out time. Extra infection control measures such as PPE will need to be implemented.

Security will bring travelling parties down to reception in stages to complete the check-out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.

**Table 8. Key steps, roles and responsibilities at check-out (AO role unless specified)**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> <li>1. ECC Operations Support Team, to inform AO of cases and close contacts confirmed COVID-19 case, suspects, COVID-19 cleared or close contacts. Public health will have contacted each detainee in these categories to discuss arrangements post detention.</li> <li>2. AO to note and to inform security that COVID-19 cases and suspects will need separate check-out time and implement extra precautionary measures.</li> </ol>		
Check-out	<ol style="list-style-type: none"> <li>3. Request to see identification (passport) and the End of Detention notice from each person</li> <li>4. Cross check the person's identification details and room number with information on exit sheet</li> <li>5. Sign the End of Detention notice, take photo through the <b>COVID-19 Compliance Application</b> which will automatically note the detainee as released.</li> <li>6. Provide End of Detention notice back to the person.</li> <li>7. Confirm the period of detention and explain detention period has ceased.</li> <li>8. Confirm self-isolation requirements for all confirmed COVID cases.</li> <li>9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged.</li> </ol>		
Record	<ol style="list-style-type: none"> <li>10. All exit sheets are to be returned to the Operational Support team as soon as possible</li> </ol>		

**Where a person has been COVID-19 cleared, their detention release must be accompanied with a COVID-19 Clearance letter provided by Public Health Command. This will be included in the release pack prepared by the AO Operations Support team.**

## 6 Exemption requests

### 6.1 Key points

- AOs must be aware of how requests for exemption from detention are escalated.
- DHHS case manager from Exemptions Team will liaise with Senior AO regarding approved exemption request.

### 6.2 Exemption requests – overview

In limited circumstances, approval may be sought to undertake detention in another location, transit to another state/country or early release. **Generally, exemptions are not granted.**

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. **The Enforcement and Compliance Commander** is responsible for approving and granting approvals to alter the way in which mandatory quarantine applies in accordance with Appendix 23 *Guidance Note – Exceptions to the General Quarantine Policy*.

While each exemption request must be considered on its own merits, the following circumstances have been identified as open for consideration of early release or change of detention location. These include:

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country – The diplomatic status that Australian citizens have in other countries does not apply in Australia, so Australians with diplomatic status must undertake mandatory detention for 14 days in a designated hotel
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew including medevac crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

Supporting evidence, such as report from a medical practitioner, may need to be provided before an exemption request is considered.

**Any approval must consider the public health risk and ensure the individual is not showing symptoms of COVID consider if the person may be released into an environment where a highly vulnerable person may be a close contact.**

## 6.3 Exemption requests – general approach

Exemptions for medical, welfare and compassionate grounds will be considered in exceptional and case-by-case circumstances where:

- the needs of the individual are unlikely to be able to be met within the hotel
- the public health risks are outweighed by the risks of continuing to detain the individual in hotel detention.

For an individual seeking exemption prior to entering the hotels, there must be supporting evidence from a suitable expert or treating practitioner regarding the illness, welfare or compassionate concerns. It also must be clear that the needs of the individual cannot be met in hotel detention.

For an individual seeking exemption while already within a hotel, welfare staff, nurses or the Complex Assessment and Response Team (CART) should assess the individual. This assessment along with any recommendation from a treating practitioner will inform consideration of an exemption.

Table 9 outlines the key steps for processes requests for exemptions based on medical, welfare and compassionate grounds.

**Table 9. Exemptions case management process**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request and triage	<ol style="list-style-type: none"> <li>1. Exemption Team receives a request for exemption through CRM system<sup>5</sup></li> <li>2. If request come through another channel, triage officer must enter information into the CRM</li> <li>3. The triage officer should review the available information as assess if the case should be considered based on <ul style="list-style-type: none"> <li>• If the detainee would be unsafe in the hotel environment or</li> <li>• Their needs can't be accommodated in the hotel</li> <li>• permissions are sufficient.</li> </ul> </li> <li>4. If the triage officer believes the case should be considered they will allocate a case manager. The case manager should contact the requestor to advise them their request is being considered.</li> <li>5. Recommendations to not consider the case will need to be approved by the Exemptions manager.</li> </ol>		

<sup>5</sup> An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<p>6. If the manager agrees the request should not be considered the triage officer should advise the requestor within 12 hours in writing.</p> <p>7. If the Manager is of the view the case should be considered, they will allocate to a case manager.</p>		
Case management (Assessment and decisions)	<p>8. Case manager will need to consider the nature of the request to determine whether it should be approved. The case manager should first and foremost consider the public health risk and how the need of the detainee may be met within the hotel environment through permissions, health and welfare support a carer joining the individual or providing addition supplies. The case manager should have regard to the</p> <ul style="list-style-type: none"> <li>• Current policy</li> <li>• Precedent</li> <li>• Medical information provided</li> <li>• Position of other jurisdictions if interstate travel is required</li> </ul> <p>9. In some cases further validation of a detainees condition and needs will be required. This may be achieved by:</p> <ul style="list-style-type: none"> <li>• Discussions with the treating practitioner or health team</li> <li>• Assessments by the CART team</li> <li>• Consultation with Mental Health Branch</li> </ul> <p>10. Complex cases should be discussed early at the daily complex case meeting with the EC Commander.</p> <p>11. Should a case be considered for detention in an alternative location, the case manager should identify if there is a suitable alternative location that would enable the detainee to meet the required conditions. In particular the location should not house any vulnerable individuals or a large number of people.</p> <p>12. A recommendation should be reviewed by the manager and then submitted to the EC Commander for approval.</p> <p>13. In particularly complex cases the EC Commander may seek further approval from the Public Health Commander.</p>		



	14. Once approve the case manager will be required to complete the required documentation to action the decision.		
Case closure (Exemptions team)	15. Depending on the nature of the request, the exemptions case manager may need to alert the following of the outcome: <ul style="list-style-type: none"> <li>• inform requestor</li> <li>• inform the Senior AO at airport or hotel, Deputy Command AO operations, OpSoteria EOC, hotel Team Leader and CART team if required</li> <li>• Airport operations at <a href="mailto:Northandwest.eoc@dhhs.vic.gov.au">Northandwest.eoc@dhhs.vic.gov.au</a></li> <li>• inform Victoria Police arrange for compliance oversight</li> <li>• contact other jurisdictions (if transiting through Victoria)</li> <li>• upload release or exemption letter in COVID-19 Compliance Application.</li> </ul>		
AO to issue Notice of Direction and Detention	16. Following confirmation with the Hotel Team Leader of any arrangements, the AO will: <ul style="list-style-type: none"> <li>• Issue the required documentation</li> <li>• Provide any information required associated with the documentation</li> <li>• Take a photo of the signed documentation under the release section of the compliance app.</li> </ul>	Yes	200(2) and (4) 203(1)

## 6.4 Unaccompanied minors

Unaccompanied minors will be considered on a case-by-case basis. If an unaccompanied minor is detained in a hotel without a parent or guardian, a specific process must apply.

In general, there is a presumption that there are no exemptions granted to mandatory detention. The issues associated with mandatory detention of unaccompanied minors include:

1. where this occurs, and
2. with what adult supervision.

The State can issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. However, this is not preferred because of the welfare obligations imposed.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 8.

Table 10 outlines four options and corresponding policy principles.

**Table 10. Options for unaccompanied minors and policy principles**

Options	Guiding principles
Detention at hotel with parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. In this case, an exemption is not granted. The carer is provided with a copy of the letter found in Appendix 4 in order to detain them.
Detention in another state or territory	For minors who reside interstate, parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if a parent or guardian cannot join the minor, an exemption can be granted to allow an unaccompanied minor to transit interstate.
Detention at an alternate location with a parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if parent or guardian cannot join the minor, an exemption can be granted to allow the unaccompanied minor to undertake detention at an alternate location with parent or guardian.
Detention in hotel with DHHS welfare support (overnight stay for international transit)	Parent or guardians are encouraged to book flights without overnight layover in Victoria.  If not possible, unaccompanied minor are permitted one overnight stay before transitioning to an international flight.

### 6.4.1 Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- if it is after hours, contact the after-hours child protection team on 13 12 78 if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

## 6.5 International transit

### 6.5.1 Immediate transits within 8 hours

Individuals who are on a connecting international flight that leaves within 8 hours of arrival are not to be detained. The AO should check they are not displaying any symptoms of COVID and have a ticket for an onward flight within 8 hours. The AO should record the traveller as being in transit in the Compliance app and direct them to the appropriate waiting areas airside. Transit passengers should not go landside at the airport. They do not require any documentation.

### 6.5.2 Transits longer than 8 hours

If travellers are on the ground for more than 8 hours they will be detained.

Prior to release the AO will be required to check that the detainee is not showing symptoms of COVID and confirm they have a ticket for an international flight. This should be recorded in the Compliance App along with a copy of the release notice (Appendix 18).

Following release, the detainee must be escorted to the airport by Airport operations to ensure they minimise any potential contamination.

Travellers not be allowed to travel domestically to catch an onward international flight.

## 6.6 Compassionate interstate travel

Interstate travel is not permitted except in exceptional health and compassionate circumstances. These are generally limited to:

- Receiving specific health treatment in another state that cannot be provided in Victoria
- Visiting a terminal family member
- Attending a funeral of a close family member

In each of these circumstances the receiving jurisdiction must approve the transit and the detainee will be subject to any quarantine arrangements required by the receiving jurisdiction.

The letter in Appendix 19 is used.

## 6.7 Foreign diplomats

Foreign diplomats are exempt from mandatory 14-day detention. Australian diplomats must undertake mandatory detention upon arriving in Victoria from an international location.

Foreign diplomats (and any family members) should travel immediately to their place of residence via private or rental vehicle and self-isolate for 14 days. The exemptions team will prepare a letter for the foreign diplomat and their family confirming they are not required to complete 14-day mandatory detention (Appendix 20).

Where a foreign diplomat needs to defer travelling to their usual place of residence, the diplomat (and any family members) should stay in a designated quarantine hotel. They should be transported to and from the airport via organised transport, or via a private or rental vehicle and are issued a letter regarding staying in a quarantine hotel (Appendix 21)

## 6.8 Maritime Crew

The DHHS *Border health measures policy summary* of 18 May 2020 summarises a broad range of circumstances and corresponding risk-based policies regarding travellers and crew arriving at airports and seaports. A summary of the circumstances and policies relating to maritime crew is Appendix 17.

As a guiding principle, maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to a Direction and Detention Notice and must be detained in a designated hotel for a 14-day period (unless an exemption applies).

- Where a vessel is leaving the country, crew may leave the hotel to board the vessel no earlier than 48 hours before the vessel is due to leave to enable handovers.
- Where a vessel is remaining in Australian waters its crew must do 14 days quarantine
- Where disembarking crew are leaving the country, they may leave the vessel and travel immediately to the airport to depart. They may shelter on land for 24 hours before a flight. If they are required to be on land for longer, they must go to a quarantine hotel until they are ready to leave the country.

- Disembarking crew that live in Australia must go into hotel quarantine unless they did 14 days quarantine prior to boarding the vessel and no other international crew joined the vessel.
- Crew may leave a vessel to seek medical treatment.

## 7 Permissions

### 7.1 Key points

- AOs can make decisions in consultation with their Senior AO or Deputy Commander AO Operations for simple requests.
- AO must complete a permission for temporary leave form and enter details in COVID-19 Compliance Application.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

- for the purpose of attending a medical facility to receive medical care
- where it is reasonably necessary for physical or mental health
- on compassionate grounds
- emergency situations.

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at Appendix 6.

### 7.2 AO to make decisions on certain permission requests on case-by-case basis

An AO in consultation with their Senior AO or Deputy Commander AO operations can make certain straightforward decisions about the following scenarios on a case-by-case basis:

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

Not all leave requests can be accommodated and may be site and resource dependent. Any arrangement for leave would need to meet public health, human rights requirements and balance the needs of the person.

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 11 for further details).

If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately. The emergency escalation process should be followed (see section 5.5). The Hospital information sheet should be provided to the driver of the vehicle to hand to the medical facility.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport".

**Table 11. Key steps, roles and responsibilities for temporary leave**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> <li>1. Senior AO to assess site for suitability of exercise and fresh air breaks.</li> <li>2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site</li> <li>3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval.</li> </ol>		
Request for temporary leave	<ol style="list-style-type: none"> <li>4. Person may seek permission directly from the AO and explain the grounds for temporary leave</li> </ol>		
AO assessment and decision	<ol style="list-style-type: none"> <li>5. AO to make decision and consider: <ul style="list-style-type: none"> <li>• those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks)</li> <li>• willingness and availability of security to oversee and facilitate exercise or other fresh air breaks (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly)</li> <li>• site layout, safety and capability to ensure persons are in a cordoned off area</li> <li>• maintaining infection control, such as ensuring persons do not touch door handles or lift buttons</li> <li>• adherence to exercise and smoking procedures.</li> </ul> </li> <li>6. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction.</li> </ol>		
Issue permission for temporary leave	<ol style="list-style-type: none"> <li>7. AOs to: <ul style="list-style-type: none"> <li>• instruct security on the dates and times permitted for leave</li> <li>• provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not accessed by members of the public</li> </ul> </li> </ol>		s.203(1)

	<ul style="list-style-type: none"> <li>• request the medical facility or hospital inform the AO prior to return (for medical temporary leave)</li> <li>• prepare a Permission for Temporary Leave from Detention form (see Appendix 5), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> <li>- a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes</li> <li>- an exercise break is for a certain time and the person must return to their room following exercise or fresh air break.</li> </ul> </li> <li>• warn the person that failure to comply with these directions is an offence</li> <li>• ensure the person checks back into the hotel at specified time</li> <li>• seek feedback on implementation of temporary leave and note any issues raised.</li> </ul>		
Permissions for hospital treatment	<p>8. AO should facilitate any permissions required for medical treatment. Where possible and end time should be recorded on the notice and app. Where an end time is not clear, the permission should note the detainee can only return on medical release.</p> <p>9. A permission for medical treatment should not extend beyond 24 hours. Should a detainee be required to be admitted to the facility, a change of location detention notice should be issued following approval by the Deputy Command AO Operations. If the detainee returns to the hotel a new detention notice should be issued for the remainder of the 14 days. The AO should actively monitor that a detainee has returned within the 24 hour period.</p> <p>10. When issuing a permission, the AO should also provide the hospital information sheet with contact details for Hotel team leader and Deputy Command AO operations.</p> <p>11. If a medical facility wishes to release the detainee to a location outside of the hotel, the Deputy Command AO operations must obtain approval from EC Command.</p>		
Compliance	<p>12. If the AO is of the view the detainee may not comply with conditions of the permission, an escort must be arranged to travel with the individual. This is a particular consideration where a person may be visiting a home</p>		

	<p>environment where other non-palliative people will be present. Highly vulnerable people cannot be in the same immediate environment as the detainee</p> <p>13. Permission cannot be granted for more than 2 hours on the basis that physical distancing is observed. If physical distancing is not likely to be observed and there is likely to be close contact, the detainee must be limited to 15 minutes.</p> <p>14. If the detainee does not comply with the permission conditions, further permissions may not be granted.</p>		
Record	15. If AO approves leave be granted, the AO must enter details in COVID-19 Compliance Application.		

## 7.3 Emergency situations

**Table 20: Key steps, roles and responsibilities for emergency leave**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	1. AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p> <p>5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application</p>		

## 7.4 Procedure for a person in detention / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.



## 7.5 Guidance for safe movement associated with permissions

### 7.5.1 Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based hand sanitiser as they leave, this will require hand sanitiser to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- Return immediately to their hotel room following the break.

### 7.5.2 Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water before each break;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

### 7.5.3 Infection control considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

**In addition:**

Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.

They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.

Smokers can take up to 2 breaks per day if staffing permits.

Rostering to be initiated by the departmental staff/AO present.

## 8 Compliance

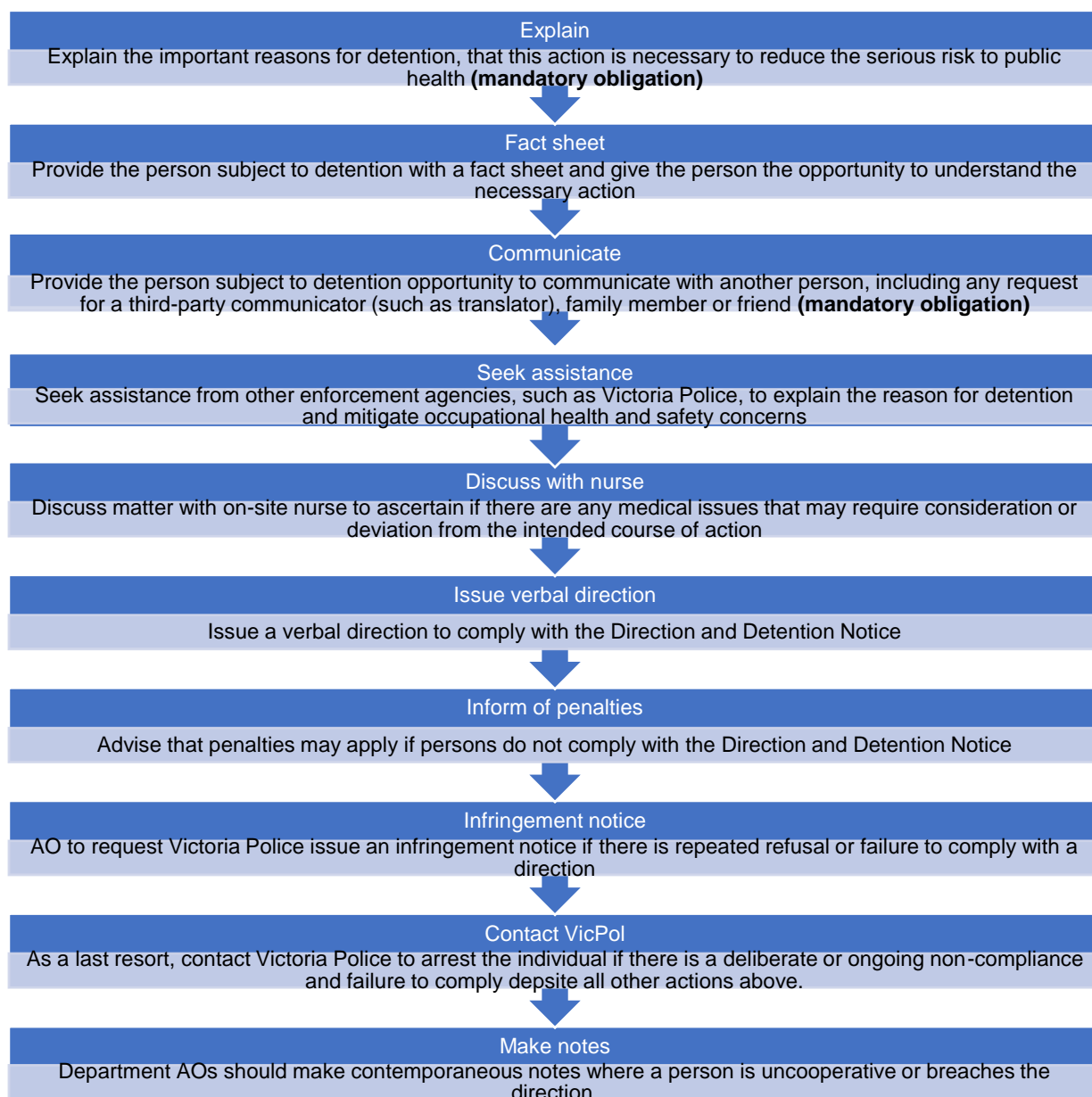
### 8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

### 8.2 Options to facilitate compliance

AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## 8.3 Unauthorised departure from accommodation

**Table 12. Key steps, roles and responsibilities for managing unauthorised departure from accommodation**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify Senior AO, on-site security and hotel management and request search.		
Contact Victoria police and Deputy Commander	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> <li>• seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave</li> <li>• provide an opportunity for the person to explain the reason why they left their room</li> <li>• assess the nature and extent of the breach, for example: <ul style="list-style-type: none"> <li>- a walk to obtain fresh air</li> <li>- a deliberate intention to leave the hotel</li> <li>- mental health issues</li> <li>- escaping emotional or physical violence.</li> </ul> </li> <li>• consider issuing an official warning or infringement through Victoria Police</li> <li>• reassess security arrangements.</li> </ul>		s.203(1)

## 8.4 Infringements

There are four infringement offences applicable to detention arrangements. These are:

**Table 13. List of infringements**

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 penalty units for a natural person and 30 penalty units for a body corporate without a reasonable excuse).	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 60 PU body corporate

s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a power under an authorisation given under s.199 (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 60 PU body corporate
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## 9 Occupational health and safety (OHS) for Authorised Officers

The purpose of this section is to provide an occupational health and safety procedure for AOs when attending off site locations during the current State of Emergency.

### 9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the Senior AO or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

### 9.2 Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

### 9.3 OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with the rostered AO Team Leader.

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

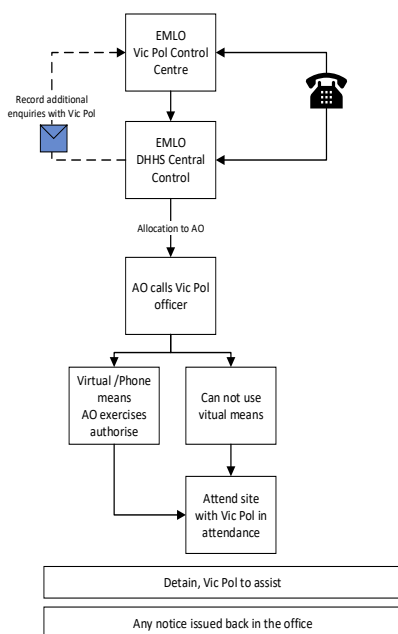
### 9.4 Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your Senior AO or Deputy Commander AO operations.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## 9.5 Risk assessment before attendance -Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer and a Senior AO or the Deputy Commander AO operations or DHHS management.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measures to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

## 9.6 Personal measures to reduce risk the risk of exposure to COVID

### 9.6.1 General

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible. For example,:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your Senior AO for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitiser.

### 9.6.2 AOs going onto floors of hotel

AOs going onto hotel floors with persons subject to detention must wear a surgical mask. There will be surgical masks for AO's at the hotels.

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### 9.6.3 Relocating a confirmed case of COVID-19

All COVID-19 confirmed cases will be transferred to a COVID-19 hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed COVID-19 case may wish to remain with the confirmed COVID-19 detainee and transfer to the COVID-19 hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

**The room or location change must be recorded in the compliance app by the AO.**

## 9.7 Measures and guides to enhance occupational health and safety

**Table 14. Using Personal Protective Equipment**

<b>PPE/measure</b>	<b>Guide</b>
Single-use face mask (surgical mask)	When there is suspected or confirmed case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always



**Table 15. Known risks and hazards**

<b>Hazard</b>	<b>Risk</b>	<b>Mitigate</b>
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police or with security.
Other infectious agents		Follow personal protective measures

### 9.7.1 COVID-19 testing for Authorised Officers

Should an AO need to be tested for COVID-19, the AO should ask that their test to be marked urgent given the critical front-line response work.

# Appendix 1. Direction and Detention notice

## DIRECTION AND DETENTION NOTICE

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

### 1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 11 May 2020.
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because, having regard to the medical advice, that detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) You must comply with the directions in clause 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (6) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

### 2 Place and time of detention

- (1) You will be detained at:
 

**Hotel:** \_\_\_\_\_ *(to be completed at place of arrival)*

**Room No:** \_\_\_\_\_ *(to be completed on arrival at hotel)*
- (2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020  
*(to be completed at place of arrival)*

### 3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

### 4 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless:

- (a) you have been granted permission to do so:
    - (i) for the purposes of attending a medical facility to receive medical care; or
    - (ii) where it is reasonably necessary for your physical or mental health; or
    - (iii) on compassionate grounds; or
  - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.
- Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

#### 5 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

#### 6 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

REDACTED

individual is \$19,826.40.

Name of Authorised Officer: Dr. Annaliese van Duijven

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 2. Script for plane/arrival

### **Required script before issuing a direction and detention notice**

*My Name is XXXX, I work for the Department of Health and Human Services Victoria and I am an Authorised Officer under the Public Health and Wellbeing Act. I am also authorised for the purposes of the emergency and public health risk powers in Victoria's current State of Emergency.*

*Please be advised that a State of Emergency has been declared in Victoria because of the serious risk to public health posed by COVID-19 virus.*

*Because you have arrived in Victoria from overseas, when you disembark off this plane you will be issued with a direction and detention notice, which requires you to quarantine for a 14-day period at the hotel nominated on the notice.*

*People who have been overseas are at the highest-risk risk of infection with COVID-19 and are one of the biggest contributors to the spread of COVID-19 in Victoria. Therefore, you will be detained in a hotel for 14 days because that is reasonably necessary to reduce or eliminate the serious risk to public health posed by COVID-19.*

*Please be advised that refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.*

*Once you have been issued with the notice, please keep it with you at all times.*

*We greatly appreciate your co-operation and assistance in these challenging times. Thank you again.*

## Appendix 3. Detention notice for unaccompanied minors

### DIRECTION AND DETENTION NOTICE SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*  
Section 200

#### 1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 2020.
- (2) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID -19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID -19 as a result of your overseas travel.
- (6) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (7) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

#### 2 Place and time of detention

- (1) You will be detained at:
 

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)
- (2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

#### 3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

#### 4 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless:
  - (a) you have been granted permission to do so:
    - (i) for the purposes of attending a medical facility to receive medical care; or
    - (ii) where it is reasonably necessary for your physical or mental health; or
    - (iii) on compassionate grounds; or
  - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.
 

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

#### 5 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

#### 6 Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

- (a) We will check on your welfare throughout the day and overnight.
- (b) We will ensure you get adequate food, either from your parents or elsewhere.
- (c) We will make sure you can communicate with your parents regularly.
- (d) We will try to facilitate remote education where it is being provided by your school.
- (e) We will communicate with your parents once a day.

**7 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

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**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 4. Letter for carer to join detention

Dear [insert name]

In accordance with section 198 of the *Public Health and Wellbeing Act 2008 (Act)*, a state of emergency has been declared in Victoria as a result of the serious risk to public health posed by COVID-19.

In order to mitigate this public health risk, the Victorian government has introduced a quarantine period for people arriving in Victoria from overseas.

I note that [insert name of persons in hotel detention that are being joined by the kinship carer] have been issued with a direction and detention notice on [insert] under section 200(1)(a) of the Act.

You have agreed to be detained in quarantine with the above persons who have arrived from overseas in [insert hotel name], to provide kinship care and support.

In these circumstances, you will be subject to quarantined in accordance with the attached direction and detention notice issued under section 200(1)(a) of the Act, which sets out the terms and conditions of your period of quarantine.

Yours sincerely

**Authorised Officer**

[insert date]



## Appendix 5. Permission for temporary leave

### PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

#### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

#### 1 Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention ( **Permission**) is made under paragraph 4(1) of the Notice.

#### 2 Reason/s for, and terms of, permission granting temporary leave

- (1) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:
  - (a) for the purpose of attending a medical facility to receive medical care:
 

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_
  - (b) where it is reasonably necessary for physical or mental health:
 

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_
  - (c) on compassionate grounds:
 

**Detail grounds:** \_\_\_\_\_
- (2) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

### 3 Conditions

- (1) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (2) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (3) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (4) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (5) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (6) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (7) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.
- (8) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### 4 Specific Details

- (1) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).
- (2) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the period of time noted at paragraph 2 of this Permission.
- (3) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

**5 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

**Annexure 1: Additional conditions *[if applicable]***

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## Appendix 6. Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

- **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for the person’s physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

- **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide the Permission to the person, provide them with time to read the Permission and take a photo of the Permission for the department’s records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

- **What are the requirements when you are granting a permission to a person under the age of 18?**

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person’s status as a child.

- **What other directions can you give?**

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### **What are your obligations when you require compliance with a direction?**

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 7. Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



## Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

### Aviation crew

#### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

#### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

#### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)  
Coronavirus Disease (COVID-19)

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- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

## Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

## Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

## Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

## Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.



## Appendix 8. Guidance note: unaccompanied minors

### Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

### Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

### How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

### Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of



communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

## **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

## Appendix 9. Policy guiding release notices

Table 2. Management based on outcomes of Day 11 routine testing

		Staying in Victoria on exit	Leaving Victoria on exit (interstate or international)
Negative result	Asymptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> </ul>
	Symptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> <li>• Advise to stay at home until symptoms have resolved for 72 hours</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Allow to exit detention</li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to travel interstate</li> <li>• Advise to stay at home until symptoms have resolved for 72 hours</li> </ul>
Positive result	All cases	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (confirmed case)</li> <li>• If the person has more than 24 hours left in mandatory quarantine before they are due to exit, they should be transferred to the COVID hotel (Rydges) for the remainder of the quarantine period.</li> <li>• If the person is due to exit to home within 24 hours of receiving the positive test result, the decision to transfer to the COVID hotel (Rydges) should be made on a case-by-case basis, and exiting from their current hotel to home on Day 14 may be the more appropriate arrangement.</li> <li>• When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> <li>– Victorians who are still infectious (who have not yet met the department's criteria for release from isolation of a</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (confirmed case)</li> <li>• <b>Must not travel interstate</b></li> <li>• When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> <li>– Individuals from interstate who are still infectious (who have not yet met the department's criteria for release from isolation of a confirmed case) are permitted to isolate at an identified residence in Victoria, if they can do so safely and appropriately</li> <li>– Individuals from interstate who cannot safely isolate at an alternative residence in Victoria may continue to isolate at the COVID hotel (Rydges) until they meet the</li> </ul> </li> </ul>

		<p>confirmed case) are permitted to isolate at home, if they can do so safely and appropriately</p> <ul style="list-style-type: none"> <li>– Victorians who cannot safely isolate at home may continue to isolate at the COVID hotel (Rydges) until they meet the department's criteria for release from isolation of a confirmed case</li> <li>• Transport of positive cases (to home or to the COVID hotel) should be by Non-Emergency Patient Transport (NEPT)</li> <li>• Positive cases should wear PPE while in transit</li> </ul>	<p>department's criteria for release from isolation of a confirmed case</p> <ul style="list-style-type: none"> <li>• Transport of positive cases (to the COVID hotel or to other appropriate accommodation in Victoria) should be by NEPT</li> <li>• Positive cases should wear PPE while in transit</li> <li>• If there are concerns that the person will not safely isolate in Victoria, a further Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal</li> </ul>
	Asymptomatic	<ul style="list-style-type: none"> <li>• If a person is currently asymptomatic and has no history of symptoms in the past 14 days, then the test date will be taken as a proxy for a symptom onset date (day 0) and they will be required to isolate for 10 days from this date.</li> </ul>	<ul style="list-style-type: none"> <li>• If a person is currently asymptomatic and has no history of symptoms in the past 14 days, then the test date will be taken as a proxy for a symptom onset date (day 0) and they will be required to isolate for 10 days from this date.</li> </ul>
	Symptomatic	<ul style="list-style-type: none"> <li>• If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case</li> <li>• Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> <li>– the person has been afebrile for the previous 72 hours, <b>AND</b></li> <li>– at least <b>ten days</b> have elapsed after the onset of the acute illness, <b>AND</b></li> <li>– there has been a noted improvement in symptoms, <b>AND</b></li> <li>– a risk assessment has been conducted by the department and deemed no further criteria are needed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case</li> <li>• Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> <li>– the person has been afebrile for the previous 72 hours, <b>AND</b></li> <li>– at least <b>ten days</b> have elapsed after the onset of the acute illness, <b>AND</b></li> <li>– there has been a noted improvement in symptoms, <b>AND</b></li> <li>– a risk assessment has been conducted by the department and deemed no further criteria are needed</li> </ul> </li> </ul>
<b>Results pending</b>	Asymptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> <li>• All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> </ul>

		<ul style="list-style-type: none"> <li>DHHS should ensure the test result, positive or negative, is provided to the person</li> </ul>	<ul style="list-style-type: none"> <li>All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known</li> <li>DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department</li> </ul>
	Symptomatic	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions</b></li> <li>Issue End of Detention Notice (respiratory symptoms)</li> <li>Allow to exit detention</li> <li>Victorians who can safely isolate at home must do so until the test result is known</li> <li>Transport by NEPT, should wear PPE while in transit</li> <li>Victorians who cannot safely isolate at home or other appropriate accommodation may continue to isolate at the quarantine hotel until the test result is known</li> <li>DHHS should ensure the test result, positive or negative, is provided to the person</li> </ul>	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>Issue End of Detention Notice (respiratory symptoms)</li> <li><b>Must not</b> travel interstate, must stay in Victoria until test result is known</li> <li>If there is concern that they will not follow this advice, a further Direction and Detention Notice may be issued in consultation with the Public Health Commander and DHHS Legal</li> <li>DHHS will accommodate in quarantine hotel until test result is known, if they have no other appropriate/safe accommodation to isolate in Victoria</li> <li>If required, transport by NEPT and wear PPE while in transit</li> <li>DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department</li> </ul>
<b>Newly symptomatic after Day 11 test</b>		<ul style="list-style-type: none"> <li>Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken</li> <li>Management should be as per the relevant category described above</li> </ul>	<ul style="list-style-type: none"> <li>Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken</li> <li>Management should be as per the relevant category described above</li> </ul>
<b>Not tested (declined testing or other reason)</b>	Asymptomatic	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions</b></li> <li>Issue End of Detention Notice (standard)</li> <li>Allow to exit detention</li> </ul>	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>Issue End of Detention Notice (standard)</li> <li>Allow to exit detention</li> </ul>

	Symptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (respiratory symptoms)</li> <li>• Allow to exit detention</li> <li>• Strongly advise to be tested</li> <li>• Document that they are symptomatic, and that they have been offered and refused testing</li> <li>• If requiring transport, they should go by NEPT and should wear PPE while in transit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Issue End of Detention Notice (respiratory symptoms)</li> <li>• Strongly advise to be tested</li> <li>• Document that they are symptomatic, and that they have been offered and refused testing</li> <li>• Each instance must be discussed with the Deputy Public Health Commander for a risk assessment, a further Direction and Detention Notice may be considered, in consultation with the Public Health Commander and DHHS Legal</li> <li>• DHHS will accommodate in quarantine hotel until test is agreed and result known, if they have no other appropriate/safe accommodation to isolate in in Victoria</li> <li>• If required, transport by NEPT and wear PPE while in transit</li> </ul>
<b>Close contact (not tested)</b>	All close contacts	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period</li> <li>• All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence</li> <li>• Close contacts from Victoria are permitted to isolate at home, if they can do so safely and appropriately</li> <li>• DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria</li> <li>• If required, transport by NEPT and wear PPE while in transit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period</li> <li>• All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence</li> <li>• <b>Must not travel interstate</b></li> <li>• If there is a concern that they will not follow this advice (i.e. if refusing to isolate in Victoria and planning to travel interstate), a new Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal</li> <li>• DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria</li> </ul>

			<ul style="list-style-type: none"><li>• If required, transport by NEPT and wear PPE while in transit</li></ul>
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# Appendix 10. End of Detention Notice

## END OF DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### 2 Details of Detention Notice

- (1) **Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>
- (2) **Date of Direction and Detention Notice:** <<DETENTION START DATE>>
- (3) **Place of Detention:** <<HOTEL>> <<ROOM>>

### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I have made the following findings:
- (a) you will have served the required detention period by <<DETENTION END DATE>>; and
- (b) you have not started exhibiting any symptoms of COVID-19.
- (3) In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on <<DETENTION END DATE>> at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.
- (5) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit date Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight**
- (6) Although you will no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 6) (**Direction**), as amended or replaced from time to time. Pursuant to the Direction, if you live in Victoria you are required to



travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

- (7) If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.
- (8) In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

#### 4 End of Detention Instructions

- (1) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (2) When leaving detention you **must** adhere to the following safeguards:
- if provided to you, you **must** wear personal protective equipment;
  - you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
  - you **must** where possible, practise physical distancing, maintaining a distance of 1.5 metres from other people; and
  - upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

- (3) Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

#### 5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

# Appendix 11. End of Detention Notice - confirmed case

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

## END OF DETENTION NOTICE - Confirmed COVID-19 case

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has returned a positive test for COVID-19. Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19 and is transitioning to a suitable premises to self-isolate pursuant to the Diagnosed Persons and Close Contacts Directions

### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### 2 Details of Detention Notice

- (1) **Name of Detainee:** \_\_\_\_\_
- (2) **Date of Direction and Detention Notice:** \_\_\_\_\_
- (3) **Place of Detention:** \_\_\_\_\_ Room
- (4) **Medical Facility:** \_\_\_\_\_  
(if medical care is required)
- (5) **COVID-19 Status (Confirmed):** \_\_\_\_\_ [date of test]

### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have been diagnosed with COVID-19.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:
- (a) You have been confirmed to have COVID -19 and will be required to self - isolate in accordance with the Diagnosed Persons and Close Contacts Directions, as amended from time to time, in a premises that is suitable for you to reside in, or travel directly to a hospital for medical treatment , until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given; and
- (b) You are/are not [*delete as applicable*] ordinarily a resident of Victoria, and have chosen to self-isolate at the following premises:

- your ordinary residence  another premises that is suitable for you to reside in for the purpose of self-isolation

**Address of premises for self-isolation:** \_\_\_\_\_

- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on \_\_\_\_\_ at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to the premises detailed in 3(3)(b).
- (5) Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the *Public Health and Wellbeing Act 2008* currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a serious risk to public health posed by COVID-19. It is essential that you self-isolate in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time,, until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given.
- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

#### 4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises detailed in 3(3)(b) to self-isolate pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises detailed in 3(3)(b), you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

**5 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

## Appendix 12. End of detention notice – Close contact

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

### END OF DETENTION NOTICE – CLOSE CONTACTS

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**The detainee is a close contact of a COVID-19 diagnosed person. Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19 and is transitioning to the premises at which they ordinarily reside to self-quarantine pursuant to the *Diagnosed Persons and Close Contacts Directions***

#### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

#### 2 Details of Detention Notice

- (1) **Name of Detainee:** \_\_\_\_\_
- (2) **Date of Direction and Detention Notice:** \_\_\_\_\_
- (3) **Place of Detention:** \_\_\_\_\_ Room

#### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you are a close contact of a person diagnosed with COVID-19.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because you have been confirmed to be a close contact of a person diagnosed with COVID-19 and will be required to self-quarantine at the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time.
- (4) I advise that your detention pursuant to section 200(1)(a) of the **Act** and the Notice will end on \_\_\_\_\_ at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time, for the purpose of self-quarantine.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the Act currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a

serious risk to public health posed by COVID-19. It is essential that you self-quarantine in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time.

- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

#### 4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises at which you ordinarily reside to self-quarantine pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises at which you ordinarily reside to self-quarantine, you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

#### 5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*



## Appendix 13. End of detention notice – Symptoms of respiratory illness

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

### END OF DETENTION NOTICE – Symptoms of respiratory illness (transition to suitable premises)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has demonstrated symptoms of respiratory illness. Subject to the conditions below, this Notice is evidence that the detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.

#### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### 2 Details of End of Detention Notice

- (1) **Name of Detainee:** \_\_\_\_\_
- (2) **Date of Direction and Detention Notice:** \_\_\_\_\_
- (3) **Place of Detention:** \_\_\_\_\_ Room
- (4) **Medical Facility:** \_\_\_\_\_  
(if medical care is required)
- (5) **Respiratory illness symptoms** [tick applicable]:
- |  |                          |             |                          |
|--|--------------------------|-------------|--------------------------|
| coughing   | <input type="checkbox"/> | sort throat | <input type="checkbox"/> |
| fever or temperature in excess of 37.5 degrees   | <input type="checkbox"/> | body aches  | <input type="checkbox"/> |
| congestion, in either the nasal sinuses or lungs | <input type="checkbox"/> | fatigue     | <input type="checkbox"/> |
| runny nose                                       | <input type="checkbox"/> |             |                          |

#### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have exhibited the symptoms of respiratory illness.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- (a) You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need to travel directly to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction;
- (b) You have:
- been tested for 2019-nCoV and it is estimated that you will receive the results of that test by \_\_\_\_\_ [insert time];
  - not been tested for 2019-nCoV and are aware that you need to take precautions including #detail any specific precautions# for 72 hours after the time you cease showing symptoms of respiratory illness.
- (c) You are ordinarily a resident in Victoria or you have indicated that although you ordinarily reside outside of Victoria, you have a suitable premises within Victoria to temporarily reside and intend to remain there until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness [delete as applicable].
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on \_\_\_\_\_ at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence or a suitable premises within Victoria to temporarily reside until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness [delete as applicable].
- (5) Compliance with all directions made pursuant to the Act currently in force in Victoria is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you return to your ordinary residence or a premises that is suitable for you to reside temporarily in Victoria and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required.
- (6) The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

#### 4 Conditions

- (1) You will transit from the hotel where you have been detained to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria. You **must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will sight your identification and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight on your exit date.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from



detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

- (3) While you are transiting to your ordinary residence, or a premises that is suitable for you to temporarily reside in, you must refrain as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (4) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, wear appropriate personal protective equipment to prevent the spread of COVID-19, if directed by an Authorised Officer.
- (5) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (6) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, comply with any direction given to you by an Authorised Officer escorting you.
- (7) You must remain at your ordinary residence or a premises that is suitable for you to temporarily reside in until you receive your 2019-nCoV test results **OR** for 72 hours after the time you cease showing symptoms of respiratory illness *[delete as applicable]*.

## 5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 14. End of detention notice: continued detention

### DIRECTION AND CONTINUATION OF DETENTION NOTICE

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

#### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice (**Notice**) that you were provided on your arrival in Victoria .
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID -19 throughout Victoria.
- (4) Pursuant to the Notice, you have been detained at the hotel and in the room specified in clause 1(5) below, for a period of 14 days , because, having regard to the medical advice, that detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health , in accordance with section 200(1)(a) of the Act.
- (5) **Place and time of current detention**  
You have been detained at:  
**Hotel:** \_\_\_\_\_  
**Room No:** \_\_\_\_\_
- (6) You were to be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020
- (7) An Authorised Officer has decided to continue your detention and issue this Direction and Continuation of Detention Notice. This decision has been made following the mandatory review of your Notice because:  
(tick as applicable)
  - (a) you have developed respiratory symptoms and are awaiting the results of a test for COVID-19
  - (b) you have returned a positive test for COVID-19 and have not been medically cleared to leave detention
- (8) You must comply with the directions in clause 2 and 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (9) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

## 2 Place and time of continued detention

(1) You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

(2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020

## 3 Conditions of your detention

(1) **You must not leave the room in any circumstances, unless:**

(a) you have been granted permission to do so:

(i) for the purposes of attending a medical facility to receive medical care; or

(ii) where it is reasonably necessary for your physical or mental health; or

(iii) on compassionate grounds; or

(b) there is an emergency situation.

(2) **You must not permit any other person to enter your room, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).**

(3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

(4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

(5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

## 4 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

## 5 Offence and penalty

(1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

(2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_

**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 15. End of detention guidance note

**How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detainment, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge each person
- if a person's detainment is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

It is preferable that an End of Detention Notice be issued the day before a person's detainment is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.

A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

## Appendix 16. : Charter of Human Rights obligations

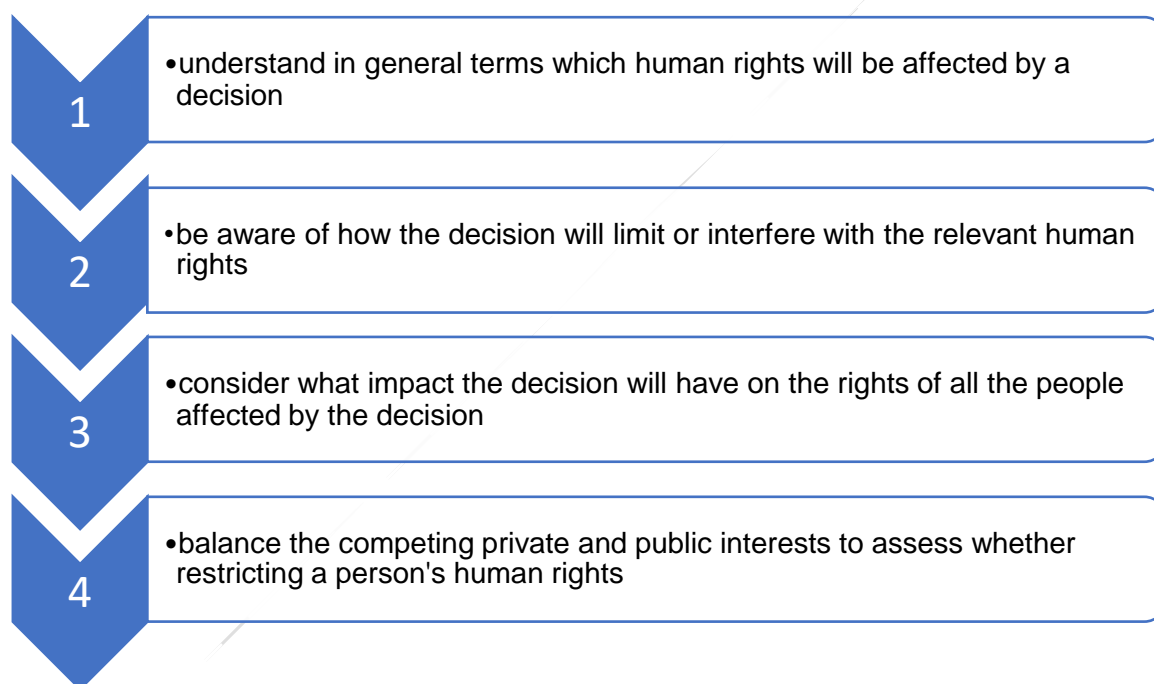
### Key points

- AO must act compatibly with human rights.
- AO must give 'proper consideration' to the human rights of any person(s) affected by an AO's decision.

### Department AO obligations under the Charter of Human Rights and Responsibilities Act 2006

Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

**Figure 3. How to give 'proper consideration' to human rights**



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
Right to life	<b>This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life</b>
Right to protection from torture and cruel, inhuman or degrading treatment	<b>This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</b>
Right to freedom of movement	<b>while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas</b>
Right to privacy and reputation	<b>this includes protecting the personal information of persons in detention and storing it securely</b>
Right to protection of families and children	<b>this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</b>
Property Rights	<b>this includes ensuring the property of a person in detention is protected</b>
Right to liberty and security of person	<b>this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence</b>
Rights to humane treatment when deprived of liberty	<b>this includes treating persons in detention humanely.</b>

## Appendix 17. Border health measures policy summary, 18 May 2020

### General principal

To protect Victoria from imported human biosecurity risks associated with coronavirus (COVID-19), pre-existing and enhanced border health measures are in place at Victoria's international air and seaports.

### Entry to Victoria

From 11.59pm AEDT 28 March 2020, all travellers arriving from overseas at Victorian airports or disembarking at maritime ports are subject to a Direction and Detention Notice (No 3), which mandates compulsory quarantine at designated hotels for the quarantine period of 14 days from the day of arrival (unless they are provided an exemption to this direction). The mandatory quarantine period must be undertaken in the port of arrival.

All travellers arriving at airports and seaports who are subject to mandatory quarantine will undergo health screening on arrival by DHHS nursing staff, working with Biosecurity Officers and Authorised Officers, at the port of entry (NOTE: individual arrangements may be put in place at seaports depending on the circumstances).

### Policy summary

Arrival	Airport	Seaport
<b>Passengers</b>	<p>All passengers arriving into Victoria from overseas on aircraft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p> <p><b>International transit passengers</b> arriving into Australia <b>are</b> able to depart on another international flight if the following conditions are met:</p> <ul style="list-style-type: none"> <li>• If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining physical distancing and hand hygiene.</li> <li>• If more than 8-72 hours (with rare exceptions on 72 hours if connecting international flight is difficult to arrange) before</li> </ul>	<p>All passengers arriving into Victoria from overseas on maritime vessels (whether recreational or commercial) are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>



	<p>the departing flight, they must go into mandatory quarantine until the time of the departing flight.</p> <p>Domestic onward travel is allowed in order to meet a departing international flight if the receiving jurisdiction (Australian state or territory) has been consulted and is willing to accept the passenger to transit to their international flight.</p>	
<p><b>Crew</b></p>	<p>Air crew are not subject to the Direction-Detention Notice but must self-isolate for 14 days on arrival into Victoria.</p> <p><b>9.7.1.1 International air crew who live in Victoria</b></p> <ul style="list-style-type: none"> <li>• Are not required to go into mandatory hotel quarantine.</li> <li>• Must self-isolate at their place of residence (or hotel) between flights, or for 14 days, whichever is shorter.</li> <li>• Are not required to complete the Isolation Declaration Card.</li> </ul> <p><b>9.7.1.2 International air crew who do not live in Victoria</b></p> <ul style="list-style-type: none"> <li>• Are not required to go into mandatory hotel quarantine.</li> <li>• Will be allowed to leave on their scheduled flight. They must self-isolate in their hotel on arrival until their next flight, or for 14 days, whichever is shorter.</li> <li>• Must use privately-organised transport to transfer to and from hotels between flights following appropriate physical distancing measures.</li> <li>• May fly domestically to their next point of departure from Australia if required.</li> <li>• Are not required to complete the Isolation Declaration Card.</li> </ul> <p><b>9.7.1.3 Domestic air crew</b></p> <ul style="list-style-type: none"> <li>• Are exempt from self-isolation requirements in Victoria.</li> </ul>	<p>Maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to the Direction-Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption applies).</p> <p><b>Maritime crew arriving into Victoria from overseas on an international flight planning to board a maritime vessel</b></p> <ul style="list-style-type: none"> <li>• <b>If maritime crew are transiting interstate</b>, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory hotel quarantine for 14 days from arrival before being allowed to travel interstate (unless granted a specific exemption)</li> <li>• <b>If maritime crew are joining a maritime vessel in Victoria</b>, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory quarantine for 14 days from arrival UNLESS: <ul style="list-style-type: none"> <li>– They are granted a specific exemption, OR</li> <li>– They are boarding a maritime vessel at a Victorian port directly from the flight, <u>and</u> the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> <li>– The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting from the airport to the maritime vessel.</li> </ul> </li> </ul> </li> </ul>

		<p><b>Maritime crew arriving into Victoria on vessels from international waters</b></p> <p><b>Maritime crew who live in Victoria</b></p> <ul style="list-style-type: none"> <li>• Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to returning to their Victorian residence (if they reside in Victoria).</li> </ul> <p><b>Maritime crew who are transiting interstate</b></p> <ul style="list-style-type: none"> <li>• Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to onward travel interstate.</li> </ul> <p><b>Maritime crew who are leaving Victoria on an international flight</b></p> <ul style="list-style-type: none"> <li>• Maritime crew will be allowed to transit from their ship to an international flight: if the flight is leaving the same day and they travel directly to the airport using privately organised transport following appropriate physical distancing measures. Otherwise, the crew member must self-isolate in their hotel for up to 24 hours then travel directly to the airport to take their flight.</li> <li>• If there is more than 24 hours until the flight, they must stay in mandatory hotel quarantine until the flight, or for 14 days, whichever is shorter.</li> </ul> <p><b>Maritime crew arriving on an international vessel (“the old vessel”) and planning to leave Victoria on another vessel that is departing for an international port (“the new vessel”)</b></p> <p>Maritime crew <b>are not</b> subject to mandatory hotel detention in the following situations:</p>
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		<ul style="list-style-type: none"> <li>• If they are boarding a new vessel directly after disembarking the old vessel, AND the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> <li>– The crew member must use privately organised transport (if needed) and follow appropriate physical distancing measures while transiting between the vessels.</li> </ul> </li> <li>• If the time from disembarking the old vessel and joining the new vessel is no more than 24 hours AND the time between boarding the new vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> <li>– In this case the crew member must self-isolate in their accommodation (organised by their shipping company) for the layover period and travel directly to the accommodation and then to the port to join the new vessel.</li> <li>– The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting to and from the vessels and their accommodation.</li> </ul> </li> <li>• <b>If the above situations do not apply</b>, the crew member must go into mandatory hotel quarantine until the time the new vessel leaves, or for 14 days, whichever is shorter, as long as the crew member travels directly from the quarantine hotel to the vessel on the day it departs Victoria.</li> </ul> <p><b>Where a vessel left an Australian port, travelled into international waters, and then arrives back into a Victorian port</b></p> <p>The crew <b>do not</b> need to enter mandatory hotel quarantine or go into self-isolation on disembarkation if:</p> <ul style="list-style-type: none"> <li>• All maritime crew aboard (who travelled from overseas to join the vessel in Australia) completed 14 days of mandatory hotel quarantine in Australia prior to joining the vessel AND</li> </ul>
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		<ul style="list-style-type: none"> <li>• No further crew have joined the vessel during its voyage AND</li> <li>• The vessel did not dock at a foreign port during its voyage AND</li> <li>• There is no reported illness that could potentially indicate COVID-19 infection on board the vessel.</li> </ul> <p><b>Maritime crew arriving into Victoria on vessels that have only been in Australian waters</b></p> <p>Maritime crew disembarking from these vessels <b>do not</b> need to enter mandatory hotel quarantine or self-isolation on arrival into a Victorian port if:</p> <ul style="list-style-type: none"> <li>• The vessel has not left Australian waters AND</li> <li>• The vessel has only taken on maritime crew who have done 14 days mandatory hotel quarantine on arrival into Australia prior to boarding the vessel (and are able to verify this with documentation) AND</li> <li>• There is no reported illness that could potentially indicate COVID-19 infection on board the vessel.</li> </ul> <p><b>Note</b> that crew who then travel interstate may be subject to separate, state-based quarantine or self-isolation requirements on arrival.</p>
		<p><b>9.7.1.4 Crew requiring medical attention (for non-COVID-19 or other listed human disease-related illness) who would not be otherwise disembarking in Victoria</b></p> <p>A crew member may be granted approval to disembark a maritime vessel at a Victorian port WITHOUT having to go into mandatory hotel quarantine if:</p> <ul style="list-style-type: none"> <li>• They are coming off the vessel for the sole purpose of seeking medical review for a non COVID-19 related medical complaint and have also been given clearance by ABF and DAWE to do so AND</li> </ul>

		<ul style="list-style-type: none"> <li>• The crew member wears a surgical mask, and travels directly to the medical facility in private transport, maintaining physical distancing between the crew member and the driver AND</li> <li>• The crew member or operator of the vessel notifies the driver of the transport AND medical facility prior to their arrival that the crew member is coming off an international maritime vessel and has not completed 14 days mandatory hotel quarantine AND</li> <li>• If deemed well enough to not need hospital admission or stay on shore for further testing etc, AND</li> <li>• Following medical review, the crew member travels directly back to the vessel in the same manner as they travelled to the hospital.</li> </ul>
		<p><b>Cruise ships</b></p> <ul style="list-style-type: none"> <li>• All international cruise vessels have been banned from sailing into or out of Australian ports from 15 March 2020.</li> <li>• From 11.59pm AEDT 28 March 2020, <b>all cruise vessel passengers and crew</b> arriving from overseas at maritime ports are subject to mandatory hotel quarantine for a period of 14 days. The 14-day self-isolation period commences on disembarkation from the cruise vessel in Victoria.</li> <li>• Onward domestic or international travel is only allowed once the 14-day quarantine period is completed. Separate quarantine requirements may also apply at the next destination.</li> </ul>
		<p><b>Yachts and recreational vessels</b></p> <p>All passengers and crew arriving into Victoria from overseas on yachts and pleasure craft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>

Departure	Airport	Seaport
<b>All travellers</b>	From 27 March 2020, all travellers departing the designated Victorian international airports for Pacific Island countries and Timor-Leste (as per the Biosecurity (Exit Requirements) Determination 2020) will undergo health screening at the airport prior to departure. See <b>Appendix 4.</b>	
<b>Vessel access at port</b>	<b>Airport</b>	<b>Seaport</b>
		<p><b>Shore-based professionals</b></p> <ul style="list-style-type: none"> <li>• Non-crew members (such as pilots, stevedores, Vessels Agents, surveyors, fumigators, shipper/receiver representative) can come on board the vessel to carry out essential vessel functions, provided necessary precautions have been put in place on the vessel.</li> <li>• Crew on board must use PPE in public spaces on the vessel while non-crew members are on-board or whilst interacting with non-crew members. It is the requirement of the employer or vessel to provide adequate PPE for their workers.</li> <li>• Where possible, shore-based professionals should stay 1.5 metres or more away from crew and interactions with persons on board the vessel should be limited to essential crew.</li> <li>• Shore-based professionals should: <ul style="list-style-type: none"> <li>– Wash their hands frequently while on board the vessel with soap and water, or use alcohol-based hand rub.</li> <li>– Wear appropriate PPE (surgical masks) while on board a vessel.</li> <li>– Avoid touching their mouth, eyes, and nose with unwashed or gloved hands.</li> </ul> </li> <li>• If a shore-based professional becomes aware of any ill person on board, they should contact their local port authority and public health authority, and ask the vessel master to report the illness via MARS</li> </ul>

		<ul style="list-style-type: none"> <li>• The ill crew member or passenger should isolate on the vessel in a single cabin until further direction is given by a biosecurity officer or human biosecurity officer.</li> <li>• <b>If the above measures, namely hand hygiene, strict physical distancing and use of PPE, are not adhered to by shore-based professionals boarding a vessel</b>, they will be required to self- isolate for 14 days from the time of disembarkation from the vessel.</li> <li>• Shore-based staff who <b>do not</b> board the vessel but may interact with crew from the vessel (e.g. stevedores) should maintain appropriate physical distancing measures but PPE is not currently advised.</li> </ul>
		<p><b>International crew performing shore based activities</b></p> <ul style="list-style-type: none"> <li>• All crew must remain on-board while the vessel is berthed in Victoria, with the exception of conducting brief essential docking, security and maintenance tasks.</li> <li>• Only the minimum necessary number of staff should be used to perform these tasks and interactions with shore-based professionals must be kept to a minimum. Where interaction is required, a distance of 1.5 metres should be kept between crew and shore-based professionals.</li> <li>• Crew who are leaving the vessel to conduct essential shore-based activities must wear PPE.</li> </ul>

## Appendix 18. Early release for International transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

### Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination Country], and that you are in transit in Victoria for a period of [insert timeframe > 8 hours].

In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey overseas. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020



## Appendix 19. Early release for interstate transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

### Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination State/Territory], and that you are in transit in Victoria for a period of [insert timeframe].

There is a general policy in place in Victoria that people returning from overseas will be issued with detention notices requiring them to be isolated in a designated hotel room for a period of 14 days from their arrival. This policy generally applies to those in transit to an interstate residence, because of the risks of transmitting the virus within Australia while transiting.

I am advised that the [insert name of destination State/Territory] government has approved you travelling to [insert] from Victoria without firstly having completed the usual quarantine period required upon arrival in Victoria.

After considering your circumstances, I have decided that they warrant an exception being made to the above policy to allow you to continue your onward journey interstate. These circumstances are:

- Outline the reasons why an exception is being made:
  - UNACCOMPANIED MINORS (brief summary of justification)
  - MEDICAL AND COMPASSIONATE GROUNDS (brief summary of justification)

In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey home. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

**Name of person authorised under s 199**

**Title**

/ / 2020

## Appendix 20. Exemption letter for foreign diplomats and their families

First name, last name  
Address line 1  
Address line 2

Dear [name]

### Notification of diplomat exemption from mandatory hotel detention in Victoria

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, there is a mandatory 14 day quarantine period for international arrivals requiring detention in a hotel.

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria, or in your Australian state of residence, and are free to travel there once you arrive in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

It is essential that you practise social distancing, cough etiquette and hand hygiene, bearing in mind the important public health reasons for the mandatory quarantine policy. Although that policy does not apply to you because of your diplomatic status, I am sure you will appreciate the responsibility you bear to manage the potential risk that you and/or a family member may be infected.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

**Name of person authorised under s 199**

**Title**

/ / 2020

## Appendix 21. Letter for diplomat staying at hotel

Ref Diplomat

[insert addressee details]

### Notification of diplomat exemption from mandatory hotel detention in Victoria

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that you will be staying at [insert name] hotel for [insert number days]. During the period you are staying at the hotel, **you should not leave the room in any circumstances**, unless:

- (1) you [have advised an authorised officer and] are doing so:
  - (i) for the purposes of attending a medical facility to receive medical care; or
  - (ii) where it is reasonably necessary for your physical or mental health; or
  - (iii) on compassionate grounds; or
  - (iv) because there is an emergency situation.
- (2) **You should not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people that you should allow in your room are people who are staying (because they are your family members or are also a diplomat) in the same room as you.
- (4) You can communicate with people who are not staying with you in your room, either by phone or other electronic means.

I understand that, after your stay at the hotel has concluded, arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

You must continue to practise social distancing, cough etiquette and hand hygiene.

Yours sincerely

**XXXXX**  
Enforcement and Compliance Commander

/ / 2020

## Appendix 22. Exemption letter for key workers and covid cleared

e000-xxx

**TO BE USED FOR:**

- **KEY WORKERS**

- **SURVIVORS**

Name of person

Address

Address

VICTORIA

Dear name

**Notification of international arrivals exemption from mandatory hotel detention in Victoria**

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by COVID-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, there is a mandatory 14 day quarantine period for international arrivals.

After considering your circumstances, I have concluded that you fall within one of the categories of people who the above policy does not apply to because:

- you are travelling to Victoria to engage in urgent and essential work to support the Covid-19 health response in Australia and appropriate arrangements are in place for your accommodation while you reside here.
- you have previously been diagnosed with Covid-19, and you have since received medical clearance indicating that you are now fully recovered.

Yours sincerely

**Name of person authorised under s 199**

Title

/ / 2020

## Appendix 23. Guidelines for considering exemptions

### Summary

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) (**PHW Act**) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

This guidance note has been prepared to assist the Enforcement and Compliance Commander to determine whether individual persons arriving in Victoria from overseas should be exempted from being subject to detention notices requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**). Such persons are ordinarily subject to detention notices because they are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return (and because earlier requirements to self-isolate at home were not uniformly complied with or easily enforceable).

If you decide that an exception applies, the relevant person will either be:

1. exempted from any kind of quarantine in Victoria; or
2. required to self-isolate at home or in another facility — either in Victoria, in which case they would either be subject to similar conditions as in the Self-Isolation (Diagnosis) Directions, or their home jurisdiction.

The exact outcome will depend on the person's circumstances. People in certain categories will be subject to an automatic exemption from the 14 day quarantine requirement. These categories are:

1. people in short-term international transit (up to 8 hours and not overnight);
2. people in long-term international transit (who are still required to quarantine, but are allowed to leave quarantine before the expiration of the usual 14 day period in order to undertake their onward journey overseas);
3. previous confirmed cases of 2019-nCoV who now have medical clearance and no longer require quarantine;
4. diplomats (who instead are requested to self-isolate at their mission or residence on arrival for 14 days); and
5. key workers (including aviation and medevac crew, except those on cruise ships)
6. Maritime crew in certain circumstances

How to deal with other categories of people will involve an exercise of your discretion, including by engaging in the process of proper consideration of relevant human rights under the Charter (discussed below). The question to be determined in relation to persons in these categories is whether they should be allowed to self-isolate for 14 days at another location as an alternative to hotel detention. These categories are:

1. unaccompanied minors whose legal guardians are unable to reside with them at the hotel; and
2. people who raise compassionate or medical grounds.

Decisions about people falling into these categories need to be made on a case-by-case basis, applying the considerations set out in this guidance note. Although decisions need to be made in light of the individual circumstances of each person, care must be taken to ensure consistency, transparency and a commitment to the mandatory quarantine policy unless alternative self-isolation is preferable and you consider it can provide sufficient protection to the community.

### Your obligations under the Charter (when exercising discretion)

You are a public officer under the Charter. This means that you **must give 'proper consideration' to relevant human rights when exercising your discretion** (that is, to grant an exception to an unaccompanied minor or to a person on medical or compassionate grounds). This includes the human rights of *any person* affected by the decision, including the person who would otherwise be subject to the detention notice, the person(s) who they may self-isolate with if they were to self-isolate at home, and members of the community.

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (**see the description of relevant rights at the end of this note**);
- **second**, seriously turn your mind to the possible impact of your decision on the relevant individual's human rights, and the implications for that person (*some of the possible impacts of your decision are discussed in this note; however, much will depend on the particular facts of the request*);
- **third**, identify the countervailing interests (*for example, the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time*); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights is justified in the circumstances (**see relevant factors in s 7(2) of the Charter below**).

The Charter provides that a human right may only be subject to 'reasonable limits as can be demonstrably justified in a free and democratic society based on human dignity, equality and freedom' (s 7(2)). In considering whether a limit is reasonable and demonstrably justified, **all relevant factors** must be taken into account, including, but not limited to, five factors listed in s 7(2) of the Charter:

- the nature of the right;
- the importance of the purpose of the limitation;
- the nature and extent of the limitation;
- the relationship between the limitation and the purpose; and
- any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve.

You are **not required to give proper consideration to human rights when applying automatic exemptions**, because that is a decision that has already been made.

### Automatic exceptions

There are certain categories of exception that **must** be automatically granted if certain criteria are met.

- For most categories of automatic exception — if granted, the person will **not** be subject to a detention notice or required to self-isolate at an alternative location. They will receive a letter from you confirming that the mandatory detention requirement does not apply to them (except for diplomats and their families, who will instead be issued a letter from **DHHS** by a DHHS Authorised officer at the airport).
- For one category of automatic exception (long-term international transit passengers) — the person **will** be subject to a detention notice for the period that they are in transit but, if granted, they will receive a letter from you allowing them to leave hotel detention to take their onward journey. However, short-term international transit passengers will not receive a detention notice and will be automatically exempt from the mandatory detention requirement.

These decisions are likely to have a positive effect on the Charter rights of the people most immediately affected (namely, their rights to **liberty** (s 21) and **freedom of movement** (s 12)).

However, it is acknowledged that these decisions may have an adverse effect on the rights of people in the Victorian community.

- It could limit the rights to **life** (s 9) and **health** (protected by art 12 of the International Covenant on Economic, Social and Cultural Rights, to which Australia is a signatory) of other people in the



community, particularly those most susceptible to adverse health effects of the virus (namely, the elderly and those with certain pre-existing medical conditions).

- Consequently, it could also limit the rights to **privacy and family** (s 13) and the **protection of family and children** (s 17) by threatening to introduce a potential source of the virus into the community, which could subsequently interfere with the development and maintenance of social and familial connections, the best interests of children, and the broader family environment.

Any limitation of rights is considered reasonable and justified in light of the importance of each exception (as discussed below), as well as the relatively small risk of any particular person inadvertently spreading the virus in the community.

### ***International transit passengers***

#### *Description of category*

This category is intended to cover people who are travelling from one country to another and are in transit in Australia as part of their journey. For example, a passenger travelling from the UK to a Pacific Island, whose connecting flight is through Victoria. Those people do not intend to spend time in Victoria, other than for the purposes of transit.

The length of transit will range from short-term (up to 8 hours and not overnight) to long-term (8–72 hours or overnight).

- *Short-term international transit passengers* will **not** receive a detention notice and will not be escalated to you for review. You are not required to consider their case or issue them with a letter confirming their exemption from mandatory detention. They will be permitted to depart on another international flight, without being subject to the mandatory hotel quarantine requirement for 14 days or for the period of transit. This is because it is assumed, as a matter of practicality, that they will remain at the airport for their period of transit, which is a confined area in which those in attendance are aware that international travellers are likely to be present and social distancing and cleaning practices are likely to be strictly adhered to. This adequately manages the risk that they pose.
- *Long-term international transit passengers* **will** receive a detention notice requiring them to quarantine at an airport hotel (or nearby hotel) until their onward flight. Their cases will be escalated to you for review and, if exempted, they will receive a letter from you confirming that their period of detention has been cut short to enable them to continue their journey overseas. Although they are required to reside at a hotel for the period of transit, they are exempted from the requirement to quarantine in Victoria for the full 14 days. The justification for this exception is that it would be overly impractical and unreasonable to compel international transit passengers, who would otherwise only be in Victoria for a very short period of time, to quarantine for 14 days and thereby miss their onward journey. Detention for the duration of the transit period adequately manages the risk posed by long-term transit passengers while they are here.

The exception for short-term and long-term international transit passengers recognises that the risk they pose to public health will be borne primarily by the receiving jurisdiction. Consequently, upon arrival at their final overseas destination, international passengers will be subject to the quarantine arrangements of that jurisdiction. The brief period of time in which international transit passengers are in Victoria, in either the airport or a hotel, does not warrant mandatory quarantine for the full 14 day period.

It is noted that this policy is consistent with the Commonwealth guide to exemptions to the 14 day mandatory quarantine period (**Commonwealth guide**), which provides that short-term transit passengers (up to 8 hours) are exempt from detention if they remain in the airport and long-term transit passengers (8–72 hours) will be subject to mandatory detention in a hotel for the period of transit.

#### *Checklist of factors*

To confirm that an exception under this category applies, you must be reasonably satisfied that a person is a **long-term international transit passenger**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the passenger's travel documents (namely, passport and onward travel ticket), the country they are travelling to, the country they have travelled from;

- the length of time they will be in transit for;
- the public health risk profile of the passenger, including:
  - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
  - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

#### *Outcome*

If you are reasonably satisfied that a person is a **long-term international transit passenger**, you must provide them with a letter confirming that their detention will be brought to an end to enable them to continue their journey overseas (see **template letter for long-term international transit passengers**).

#### **Previous confirmed cases with medical clearance who no longer require quarantine**

##### *Description of category*

This category is intended to provide an exception for persons arriving in Victoria from overseas who are 'survivors' of 2019-nCoV. That is, those persons who have previously been infected with 2019-nCoV, have been medically cleared and now no longer require quarantine.

The Chief Health Officer considers that recovered survivors who have been medically cleared do not pose a sufficient health risk to warrant mandatory detention or self-isolation for 14 days. Therefore, survivors of 2019-nCoV who can demonstrate proof of medical clearance will be exempt from mandatory detention or self-isolation for 14 days.

##### *Checklist of factors*

To confirm that an exception under this category applies, you must be reasonably satisfied that the passenger has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- medical documentation demonstrating that the passenger was infected with 2019-nCoV and has since tested negative and been medically cleared (for example, a letter or test results from a medical practitioner);
- confirmation from public health command that the clearance satisfies Victorian requirements

#### *Outcome*

If you are reasonably satisfied that a person has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**, you must provide them with a letter confirming that the mandatory hotel detention requirement is waived (see **template letter for keys workers and survivors of 2019-nCoV**).

#### **Diplomats**

##### *Description of category*

This category captures people who are covered by diplomatic immunity under the Vienna Convention. Australia has legal obligations under the Vienna Convention to ensure diplomats' and their families' freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

Upon arrival in Victoria, the diplomat and their family will be issued a letter from DHHS by an Authorised Officer at the airport. This letter will notify them of their exemption status and provide relevant information, including that diplomats and family members should self-isolate at their mission or usual place of residence for 14 days and that they should continue to practice social distancing, cough etiquette and hand hygiene.

Travel arrangements for diplomats and their families is the responsibility of the Department of Foreign Affairs and Trade (**DFAT**). It is the expectation that upon disembarking in Victoria, diplomats and their families should travel by private or rental vehicle to their destination, including interstate travel, to minimise the risk of disease transmission. If diplomats require overnight accommodation prior to road travel, then accommodation should be at a government nominated quarantine hotel.

A record of the letter must be made in the Compliance Application.

## Exceptions that require your discretion

### ***Unaccompanied minors whose guardians are unable to reside with them at the hotel***

#### *Description of category*

This category is intended to capture unaccompanied children who were travelling alone or with another child or children from overseas. This exception is only available if the parent or legal guardian of the child demonstrates that they are unable to reside with their child at the designated hotel. This may be due to a number of reasons, including other caring responsibilities that the parent or guardian may have at home or because the child ordinarily resides in another State or Territory and is transiting through Victoria on their way to their home jurisdiction.

The exception recognises the unique vulnerability of children and the unduly harsh and unreasonable impact that mandatory hotel detention without a parent or guardian could have on the child and their family, particularly if the child is detained in a different jurisdiction to where the family reside. Imposition of the mandatory detention period could adversely affect the development and care of the child, as well as their broader family environment. It may result in an unreasonable and disproportionate limitation of several human rights under the Charter, including the rights of children and families to protection, the right to equality, and freedom from inhumane treatment in detention (see below).

If the exception is granted, the child in question will be permitted to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. If they self-isolate in Victoria, they will be subject to similar conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions for the period of self-isolation. Unless there are sufficient reasons not to require it, the entire household, including parents or guardians, must also self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

#### *Checklist of factors*

To grant an exception under this category, you must be reasonably satisfied that the passenger is an **unaccompanied minor whose parent or legal guardian is unable to reside with them** at the hotel.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the age and needs of the child (including whether they are in transit in Victoria on their way to another State or Territory);
- the reason that the parent or legal guardian is unable to reside with them at the hotel (including whether they have other caring responsibilities at home or ordinarily reside in a different State or Territory);
- the availability of another adult to reside with them at the hotel, for example, another family member who may assume temporary care of them for the period of detention;
- the public health risk profile of the child, including:
  - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
  - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

#### *Relevant human rights*

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to an unaccompanied minor whose parent or legal guardian cannot reside with them in the hotel.

- The **protection of children** (s 17). Children are entitled to such protection that is in their best interests and is needed by them by reason of being a child. Detaining an unaccompanied minor in a hotel room for 14 days will almost certainly not be in their best interests, particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside. Given the special vulnerability of children, they may require different treatment or special measures as detention in a hotel without a parent or guardian is likely to have a disproportionately adverse impact on their physical and psychological development and emotional and educational needs. It will interfere with the child's care and the broader family environment, potentially significantly and detrimentally.

- In deciding whether to permit a minor to self-isolate at home with their family (either in Victoria or their home jurisdiction) instead of alone at a hotel, the best interests of the child should be a primary consideration, including their developmental, emotional and educational needs. However, in appropriate circumstances, these interests can be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. They may also depend on other factors, such as the age and dependence of the child (for example, in some circumstances it may be reasonable for an unaccompanied 17 year old to be detained in a hotel room for 14 days, but it is impossible to envisage any situation where this would be reasonable for an unaccompanied 7 year old).
- The right to **humane treatment when deprived of liberty** (s 22). As detention notices deprive persons of liberty, it is important that measures are put in place to ensure that the accommodation and conditions in which persons are detained meet certain minimum standards (such as enabling detained persons to obtain food, necessary medical care, and other necessities of living). However, even with those measures and balanced against the imperative need to protect public health, the detention of a child without a parent or guardian may nonetheless constitute inhumane treatment, having regard to factors such as the child's age and needs.
- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of an unaccompanied minor, without the care of a parent or guardian, for 14 days, may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. The enforcement of detention notices on unaccompanied children is likely to temporarily restrict the rights of persons (children and their family members) to develop and maintain social and familial relations, to live at home, and to be unified with other family members (particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside). The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation of the child with their family at home (either in Victoria or their home State or Territory).
- The rights to **equality** and **freedom from discrimination** (s 8). These rights will be relevant due to the effect that detention may have on a parent or legal guardian who has other caring responsibilities, for example, if they have children or other dependants at home who require their care. An exception may need to be made in order to address the particular needs and vulnerabilities of those people, for example, by allowing the child to self-isolate at home with their family as an alternative to mandatory detention, which would mean that their parent or guardian is able to fulfil all of their carer responsibilities instead of having to prioritise one over another.
- The right to **life** (s 9). While allowing a child to quarantine at home with their family rather than by themselves at a designated hotel will prevent a potential breach of their rights, including their rights to protection under s 17(2) and humane treatment under s 22, it may limit the right to life of those family members and others in the community. However, depending on the circumstances of the child and their family, this may be considered less of a risk due to the engagement of the family and their understanding of the special treatment being afforded to their child, which would mean that they are unlikely to breach the terms of the quarantine. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

### *Outcome*

If you are reasonably satisfied that a person is an **unaccompanied minor whose parent or legal guardian is unable to reside with them**, you must provide them and their parents or guardians with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see **template letter for home isolation**).

## **Compassionate or medical grounds**

### *Description of category*

This category of exception is intended to apply to cases that warrant departing from the general policy of mandatory hotel detention for compassionate or medical reasons.

The particular compassionate or medical grounds of the person in question must be sufficient to justify why they should be allowed to self-isolate at home (or an alternative location) instead of being detained in a hotel. You must give proper consideration to whether detention may result in an unreasonable and disproportionate limitation of their human rights under the Charter, including the right to equality and freedom from inhumane treatment in detention (see below).

To be granted an exemption under this category, the person must demonstrate why detention in a hotel for 14 days would be unduly harsh, unreasonable or, in the case of some medical cases, disproportionately risky. For comparison, consideration should be had to the severity of other restrictions currently in place to limit social contact and movement in Victoria, including limiting the number of people who can attend funerals and restricting visitors to aged care facilities and hospitals. Given the Deputy Chief Health Officer has considered it necessary to impose these restrictions, which impose significant emotional and psychological hardship on affected Victorians, this exception category should reflect the seriousness of this public health threat and the fact that hardship is being endured by many people under the current restrictions.

If an exception is granted on compassionate or medical grounds, the person in question will be required to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. In very limited circumstances, the self-isolation requirement may be waived for the purposes of allowing a person to receive medical treatment or to attend the end-of-life of a family member. If the person self-isolates in Victoria, they will be subject to the same conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions. Unless there are sufficient reasons not to require it, the entire household must self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

The requests to you must be supported by a letter from a medical practitioner confirming that detention would be inappropriate or unreasonable for the person given their circumstances, unless the reason is obvious in which case a letter from an authorised officer would suffice.

If it is reasonably possible to amend the conditions of hotel detention to accommodate the person's particular compassionate or medical circumstances, whilst maintaining their right to be treated with humanity and respect, then this is preferable to granting an exemption. For example, if the person has a particular disability or medical condition that would render hotel detention by themselves to be unduly harsh, a better option may be to allow their nominated carer to quarantine with them for the detention period. This would manage the person's medical circumstances and also mitigate the risk of a 2019-nCoV outbreak.

### *Checklist of factors*

To grant an exception under this category, you must be reasonably satisfied that the person has **compassionate or medical circumstances** that would make their detention unduly harsh, unreasonable or risky.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the precise nature of their compassionate or medical circumstances, including, if relevant, whether they are transiting through Victoria on their way to their home jurisdiction;
- any proof of their circumstances, for example, a letter from a medical practitioner;
- the effect that detention would have on the person (or other people, if relevant), in light of their particular circumstances;
- whether their compassionate or medical circumstances can be appropriately managed in hotel detention;
- whether self-isolation at an alternative location (either in Victoria or the person's home jurisdiction) would be likely to mitigate or appropriately manage the risk posed by detention;
- the public health risk profile of the person, including:
  - whether they have been tested for 2019-nCoV and, if so, whether the results were

- negative; and
- o whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

#### *Relevant human rights*

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to a person on compassionate or medical grounds.

- The rights to **equality** and **freedom from discrimination** (s 8). Given that disability is a protected attribute and includes physical and mental disability, equality rights are particularly relevant for a person whose medical condition may mean that detention is disproportionately harsh or arbitrary. It may also be relevant for a person with a different protected attribute, such as age, race or parental or carer status, if that attribute means that detention would be unfairly disadvantageous for them. The exact impact of detention on the person will depend on the nature of their medical condition or compassionate circumstances, and the extent to which their condition or circumstances can be appropriately managed in detention.
  - o The reasonableness of the measures will depend on whether they are proportionate to the purpose of protecting public health and whether there are less restrictive alternatives reasonable available to achieve that same purpose. Particularly in circumstances where there is medical or other proof to demonstrate the disproportionate impact of detention in a hotel room for 14 days, these rights may support a decision to allow the person to self-isolate at home (either in Victoria or their home jurisdiction) with appropriate conditions to mitigate any public health risks. Further, special measures that address the particular needs and vulnerabilities of persons with a disability or other protected attribute (such as self-isolation at home) will not be considered discriminatory against others who do not have that attribute, and may be required to ensure substantive equality.
- The right to **humane treatment when deprived of liberty** (s 22). The Charter requires that people be treated humanely when they are deprived of liberty, including in hotel detention. This may require that a person in detention be provided with adequate assistance, support and care as may be needed by them by reason of their medical condition, special vulnerability or other attribute. This assistance would have to be provided by DHHS and its authorised officers, unless a carer can reside with the person in the hotel for the period of detention. Depending on the particular circumstances, it may not be possible for either DHHS or a carer to provide the requisite assistance, care and support to the person in detention. This may be due to a range of reasons, including resourcing constraints, other caring responsibilities of the carer, the carer residing in another State or Territory, or the physical limitations of the hotel room. Given that it may not be humane to require a person to be detained in a hotel room for 14 days where they cannot receive the assistance, care and support they require, it may be preferable to make an exception for them to self-isolate at an alternative location (either in Victoria or their home jurisdiction) and to impose alternative conditions to ameliorate any public health risks.

- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of a person with a disability, medical condition or other compassionate reason may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. Much will turn on the particular circumstances of the person; however, it may be that detention will unduly affect their right to develop and maintain social and familial relations and to be unified with other family members, particularly if they depend on the care of a family member due to a disability or medical condition. The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation at home.
- The right to **life** (s 9). Although allowing a person with particular medical or compassionate circumstances to self-isolate at home rather than at a designated hotel will prevent a potential breach of their rights, including their rights to equality under s 8 and humane treatment under s 22, it may limit the right to life of other people they reside with and people in the community. However, depending on the circumstances of the person and their living situation, this may be considered less of a risk if they live alone or have the support and engagement of members of their household, which would mean that they are unlikely to breach the terms of their self-isolation. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

#### *Outcome*

If you are reasonably satisfied that a person has sufficient **compassionate or medical grounds**, you must provide them with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see ***template letter for home isolation***).

## **Attachment — Description of relevant human rights**

### ***Humane treatment when deprived of liberty***

Section 22(1) of the Charter requires that all persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person. The right to humane treatment while deprived of liberty recognises the vulnerability of all persons deprived of their liberty and acknowledges that people who are detained should not be subject to hardship or restraint other than the hardship or restraint that is made necessary by the deprivation of liberty itself.

### ***Rights to privacy, family and home***

Section 13(a) of the Charter provides, relevantly, that a person has the right not to have their privacy, family or home 'unlawfully' or 'arbitrarily' interfered with. An interference will be lawful if it is permitted by a law which is precise and appropriately circumscribed, and will be arbitrary only if it is unjust or unreasonable, in the sense of being disproportionate to the legitimate aim sought. The right to 'privacy' has a very wide scope, and includes the protection of the individual's personal and social sphere, such as their right to establish and develop meaningful social relations. The 'family' aspect of s 13(a) is related to s 17(1) of the Charter (see below), but contains a negative obligation that only prohibits unlawful or arbitrary interferences with family. The 'home' aspect of s 13(a) refers to a person's place of residence, and may cover actions that prevent a person from continuing to live in their home.

### ***Protection of families and children***

Section 17(1) of the Charter recognises that families are the fundamental group unit of society, and entitles families to protection by the society and the State. The term 'family' is construed widely and includes ties between near relatives, with other indicia of familial relationships including cohabitation, economic ties, and a regular and intense relationship. Cultural traditions may be relevant when considering whether a group of persons constitute a 'family' in a given case.

Section 17(2) of the Charter provides that every child has the right, without discrimination, to such protection as is in their 'best interests' and is needed by them by reason of being a child. It recognises the special vulnerability of children, defined in the Charter as persons under 18 years of age. 'Best interests' is considered to be a complex concept which must be determined on a case-by-case basis. However, the following elements may be taken into account when assessing the child's best interests: the child's views; the child's identity; preservation of the family environment and maintaining relationships; care, protection and safety of the child; situation of vulnerability; the child's right to health; and the child's right to education.

### ***Right to equality***

Section 8(3) of the Charter relevantly provides that every person is entitled to equal protection of the law without discrimination and has the right to equal and effective protection against discrimination. 'Discrimination' under the Charter is defined by reference to the definition in the *Equal Opportunity Act 2010* on the basis of a 'protected attribute', which includes age, race, disability (including physical and mental disability, whether permanent and temporary), and parental or carer status.

Indirect discrimination occurs where there is a requirement, condition or practice imposed that is the same for everyone but disadvantages a person, or is likely to disadvantage a person, because they have one or more of the protected attributes, and the requirement, condition or practice is not reasonable. Direct discrimination occurs where a person treats a person with a protected attribute unfavourably because of that attribute. Section 8(4) of the Charter provides that measures taken for the purpose of assisting persons disadvantaged because of discrimination do not constitute discrimination.



# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION 1/2020

**EFFECTIVE DATE:** 17 May 2020

**SUBJECT:** Supply of alcohol and searches of personal belongings

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### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to operations in hotels where AO advice is sought on the supply of alcohol or searches of personal belonging.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

AOs have regularly been sought out by security, management and departmental colleagues at hotels with requests and or advice about the supply of alcohol or the searching of personal belongs pertaining to people subject to a detention notice at the hotel.

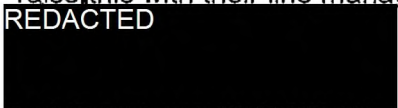
### INSTRUCTION

AOs are not to undertake any searches of personal belonging or deliveries to persons subject to detention notices. Powers such as searching can only be exercised in accordance with Part 9 and 10 of the Act.

AOs are not to provide instructions or engage in discussion about the supply of alcohol to person subject to detention notices. The supply of alcohol is not regulated by the Act.

Matters pertaining to searches of personal belonging and supply of alcohol are to be referred to the Operation Soteira Team Leader that is in each hotel.

Should AOs find that there is a conflict with this instruction from other areas supporting the needs of people subject to detention notices they are to immediately raise this with their line manager.

REDACTED  


**Murray Smith, Commander COVID-19 Enforcement and Compliance**

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION 2/ 2020

EFFECTIVE DATE: 24 May 2020

SUBJECT: Accountabilities for the role of Authorised Officer (AO) Team Leader

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### PURPOSE

To outline the roles and responsibilities of Authorised Officer Team Leaders. This is an interim position and subject to review at which time this Operational Instruction may be confirmed, altered or rescinded.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

AO Team Leaders have been established for an interim period to provide an additional layer of support and oversight to AOs working in the quarantine hotels.

Pending the finalisation of the structure and roles all AO operations this Operational Instruction outlines the expectations of AO Team Leaders.

### INSTRUCTION

During the interim period, AO Team Leaders will:

- Receive, consider and refer requests for exemptions brought to their attention by AOs. If approval is given to escalate the request, the Team Leader will have the AO refer the request to COVIDQUARANTINE.
- Provide advice and instruction on proposed decisions by AOs in relation to Permissions for Temporary Leave from quarantine.
- Authorise Permissions for Temporary Leave from quarantine where the proposed leave exceeds 3 hours and is not related to a medical emergency or planned treatment at a medical facility.
- In conjunction with hotel security staff and DHHS Team Leader consider safety and security of sites being considered for exercise and fresh air breaks for detainees. Refer recommendation to Senior AO for approval.

- In the event of an unauthorised departure from quarantine, inform the Senior AO on duty of the event and support the Senior AO in the management of the event.
- In the event of any departure from the COVID-19 Compliance policy and procedures or an incident that may bring disrepute on the COVID-19 Compliance and Enforcement Command or the good operation of the Department, its staff or any other stakeholder as part of Operation Soteria, inform the Senior AO on duty and support the Senior AO in the management of the event.
- Monitor and instruct AOs on adherence to the COVID-19 Compliance Policy and Procedures – Detention Authorisation, except where it varies to this instruction in which case this instruction takes precedence.
- Monitor and instruct AOs on adherence to all relevant Department of Health and Human Services procedures and policies relevant to the undertaking of COVID-19 Compliance and Enforcement activities.
- Monitor and instruct AOs on ensuring information arising from compliance related activities is recorded by AOs in the Compliance App in a timely and accurate manner.
- Undertake tasking and coordination of AOs in accordance to the operational needs of the shift and staff for which the AO team leader has responsibility for. Additionally, inform Senior AOs of any decision associated with the tasking and coordination process. This is inclusive of ensuring each AO has made contact and been briefed by the relevant DHHS Team Leader at locations used for detention at the commencement of the AOs shift or as soon as practicable.
- Monitor the safety and wellbeing of AOs and report issues of concern to the Senior AO on duty and undertake actions to mitigate the identified incident, hazard, near miss or risk.
- Ensure AOs know hazards and risks associated with any COVID-19 Compliance and Enforcement operations and implement the method established to eliminate or control risks.
- Review and ensure the accuracy of AO time sheets each fortnight and forward them to the Manager AO Operations Support **REDACTED** in line with required the required timeframe.
- Undertake shift work as required.

**REDACTED**



.....

**Murray Smith**  
**Commander COVID-19 Enforcement and Compliance**



# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION / 2020

**EFFECTIVE DATE:**

**SUBJECT: AUTHORISED OFFICER HANDOVER NOTES**

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### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to effective communication between AOs across shift changes and the accurate recording of information capable of review and management oversight to conduct risk assessments at hotels.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

In order to mitigate the public health risks posed by COVID-19, the Victorian government has introduced a quarantine period for people arriving in Victoria from overseas.

Authorised officers are guided by the State plan 'Operation Soteria: Mandatory Quarantine for all Victorian Arrivals, Annex 1 COVID-19 Compliance policy and procedures – Detention authorisation.'

### INSTRUCTION

During the shift all information is to be recorded in the electronic handover notes in the Teams App.

1. Sanitise the keyboard and desk with alcohol wipes
2. Open Teams App on the tablet  
(<https://teams.microsoft.com/l/team/19%3a03309ecf29564f8c81de65e6784d8c7a%40thread.tacv2/conversations?groupId=f403591f-87d7-452c-bbd6-5e4aa0e4a49d&tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28>)
3. Open relevant AO Handover Notes for the hotel that you are working at.
4. Enter the shift time and your name in the relevant section
5. Enter all details of any communication and activities on your shift

Ensure the following is included:

- Total number of current guests in the hotel
- Arrivals and releases: State the number who entered or departed the hotel (Ensure all entered on the app)
- Any exemptions granted
- Any temporary leave (ensure the form is issued to the individual after storing a copy in the app)
- Any transfers to Novotel SW (COVID hotel)
- Any voluntary quarantine arrivals
- Any calls to police/ambulance/other
- Any room changes
- Fresh air breaks (state the number completed for the day)
- All general notes, any phone calls or discussions
- Ensure all relevant information is also captured in the app.

REDACTED  
[Redacted signature area]

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**Commander COVID-19 Enforcement and Compliance**

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION 3/2020

EFFECTIVE DATE: 1 July 2020

SUBJECT: Use of improvement and prohibition notices

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### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the use of improvement/prohibition notices in the COVID-19 Compliance and Enforcement regulatory framework, including relevant factors for decision-makers in determining whether to issue a prohibition or improvement notice.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008*.

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

The use of improvement notices or prohibition notices is an enforcement tool that can be used by AOs within the COVID-19 enforcement framework. Improvement or prohibition notice can be issued under section 194 of the *Public Health and Wellbeing Act 2008* (Vic) (PH&W Act), including in relation to a refusal or failure to comply with a direction issued by the Deputy Chief Health Officer under section 200 of the PH&W Act (DCHO Direction), which is a contravention of and an offence under section 203(1) of the PH&W Act.

If a person is issued with an improvement or prohibition notice and that person fails to comply with the terms of that improvement or prohibition notice, this is a contravention of and an offence under section 194(4) of the PH&W Act

### INSTRUCTION

Improvement and prohibition notices use sits within the COVID-19 Compliance and Enforcement Regulatory Framework (tabled below). It is an escalating, or 'tiered', approach to enforcement. Under a 'tiered' model, and subject to the seriousness of the alleged contravention of the PH&W Act and the *Public Health and Wellbeing Regulations 2019* (Vic) (PH&W Regulations).

	<p>aggravating factors.</p> <ul style="list-style-type: none"> <li>• The alleged offender has not been issued with previous infringement notices on more than one occasion for like offences.</li> <li>• There is a high level of public concern about the intensity of issues.</li> </ul>	
Criminal prosecutions	<p>The breach is of a serious nature.</p> <ul style="list-style-type: none"> <li>• There is prima facie evidence that a breach has occurred.</li> <li>• There is a reasonable prospect of conviction.</li> <li>• Prosecution is in the public interest as the result of significant or potential loss or detriment to public health</li> <li>• The person or business has been the subject of previous enforcement action and has continued to offend.</li> <li>• The alleged conduct has been a conscious and deliberate breach.</li> <li>• Other enforcement options are not considered appropriate to address the alleged conduct.</li> </ul>	Commander COVID-19 Enforcement and Compliance
Prohibition notice	<p>The breach is serious and there is an immediate and imminent risk to large scale public health</p> <ul style="list-style-type: none"> <li>• The specific breach can be identified immediately</li> <li>• There is a specific and known way to address the breach</li> <li>• The person or business is aware of a specific or known way to address the breach and has not implemented it</li> <li>• Immediate implementation of a remedy will address the public health risk</li> <li>• An improvement notice stipulating a course of action over a longer period does not address the public health risk or remedy the breach.</li> <li>• It is necessary to invoke the compulsive force of a prohibition notice.</li> <li>• The person or business the appropriate entity to take action to remedy the breach and by doing so protect public health</li> <li>• The person or business has been the subject of previous enforcement action and has continued to offend.</li> <li>• Other enforcement options are not considered appropriate to address the alleged conduct.</li> </ul>	Commander COVID-19 Enforcement and Compliance
Injunctive action	<p>There is prima facie evidence that a breach has occurred.</p>	Commander COVID-19 Enforcement

Act or the PH&W Regulations in connection with any matter in respect of which the improvement notice or prohibition notice was issued. Accordingly, a person might be issued with both an improvement notice or a prohibition notice and an infringement notice in relation to the same conduct (for example, a contravention of section 203 of the PH&W Act).

Section 51 of the *Interpretation of Legislation Act 1984 (Vic)* (ILA) provides that where an act or omission constitutes an offence under two or more laws, the offender shall, unless the contrary intention expressly appears, be liable to be prosecuted under either or any or all of those laws but shall not be liable to be punished more than once for the same act or omission.

If a person is issued with an improvement or prohibition notice which is in terms the same as a DCHO Direction, and that person fails to comply with the terms of that improvement or prohibition notice, this is likely to constitute an offence under both sections 194(4) and 203(1) of the PH&W Act. Section 51 of the ILA may prevent that person from being punished more than once for the same act or omission.

Advice should be sought from Legal Services Branch if the COVID-19 Compliance and Enforcement proposes to issue a prohibition or improvement notice where COVID-19 Compliance and Enforcement, or may in the future, issue an infringement notice in respect of the same person and the same act or omission.

*What steps should be taken in investigating whether to issue an improvement or prohibition notice?*

If investigating a contravention, or likely contravention, including when AOs are conducting inspections and interviews, AOs should seek to gather all relevant information. In particular, AOs should gather the information required to complete the template improvement or prohibition notice (attached).

Generally, improvement or prohibition notice should not be issued during an inspection or interview. Any proposed improvement or prohibition notice will be completed subsequently. The decision to issue any improvement or prohibition notice will be made in accordance with the regulatory framework above.

While conducting an inspection or interview, AOs should only advise the person under investigation that the Department will consider all of the information gathered, including any identified breach of a DCHO direction, and may decide to subsequently issue an improvement or prohibition notice.

*When should an improvement or prohibition notice be issued?*

The decision to issue an improvement or prohibition notice is a matter for the decision-maker in question. The decision-maker should consider the following principles:

**Evidence:** Is the decision to issue a proposed improvement or prohibition notice based on sound evidence?

**Seriousness:** Is the alleged contravention of the PH&W or PH&W Regulations serious, such that remedial action is required?

**Urgency:** Is the required remedial action urgent?



Prior to issuing an improvement or prohibition notice, the Department must be satisfied of the underlying facts involved in the alleged contravention of the PH&W Act or the PH&W Regulations and appropriate evidence should be secured. This can be met by taking photographs, making notes, gathering documentation relevant to the matter at hand.

Those subject to the notice can request an internal review of the improvement or prohibition notice. Internal reviews of any decisions for improvement or prohibition notices will be undertaken by the Deputy Commander, Determinations, Policy and Strategy.

REDACTED



**Murray Smith**

**COVID-19 Compliance and Enforcement**

**1 July 2020**

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION 4/2020

EFFECTIVE DATE: 2 July 2020

SUBJECT: Detainee Person Carer Policy

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### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the process and consideration for admitting a kinship carer to quarantine.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

A mandatory quarantine (detention) approach was introduced by the Victorian Government for people returning from overseas to Victoria with the objectives of:

- Identifying any instance of illness in returned travelers in order to detect any instance of infection
- Ensuring effective isolation of cases should illness occur in a returned traveller
- Providing for the healthcare and welfare needs of returned travelers who are well or shown to be COVID-19 negative but are required to remain in quarantine for 14 days.

From time to time, detainees may request a support person/carers to join them in quarantine even though that support person/carers is not the subject of a detention order. In other circumstances the support person/carers may make a request on behalf of the detained person to join them in quarantine.

### INSTRUCTION

#### Support for people detained in quarantine

For the purposes of maintaining strict infection control it is generally not appropriate for a person who is not subject to a detention order, to join a person in mandatory hotel quarantine. This should be made clear to any person in mandatory hotel quarantine or who is due to enter mandatory hotel quarantine at a later date, who

requests that a person not subject to a detention order join them in hotel quarantine. This should also be made clear to family members or friends of the person in mandatory hotel quarantine who arrive at a quarantine hotel or Melbourne Airport. Where additional support needs of the person in mandatory hotel quarantine are identified, every effort will be made to support them such that they do not need to be joined by someone not subject to a detention order.

Where a person who is, or is going to be, detained in mandatory hotel quarantine requests a support person to join them in mandatory quarantine on the basis that they need a carer or support person, the Operation Soteria Complex Assessment and Response Team (CART) will conduct an assessment with the person detained in mandatory quarantine to determine:

- their health and well being needs; and
- whether additional strategies or supports can be provided (e.g. assistance with the provision of medication, aids, regular phone calls/video calls with a loved one)

In most circumstances, the health and well-being needs of a person who is or will be in mandatory quarantine should be accommodated through additional strategies or supports identified in the Operation Soteria CART assessment.

In exceptional circumstances however, consideration will be given to a request made by a person who is detained or will be detained in mandatory quarantine to authorise a person to join the detainee for the purposes of engaging in caring responsibilities. Caring responsibilities relate to the provision of support to a person in mandatory quarantine who has significant needs that cannot be met through the implementation of other strategies or supports within the hotel.

Requests will only be accepted from persons who are, or will be, in mandatory hotel quarantine or their delegate in the event that the person in mandatory hotel quarantine does not have capacity.

The request should clearly outline:

- the health or welfare issue for which the support person is required;
- the nature of the relationship between the support person and the person in mandatory quarantine;
- the reason the request is being made; and
- whether the proposed carer consents to the conditions of joining the person detained in mandatory hotel quarantine.

Any requests from a person who is or will be detained in mandatory hotel quarantine for a support person/carers to be authorised to stay with them in their room must be in writing and made to the Authorised Officer or the Operation Soteria Welfare team [covidquarantine@dhhsvic.gov.au](mailto:covidquarantine@dhhsvic.gov.au)

In considering this application, Covid Quarantine will request a CART assessment via the Deputy Commander, Welfare, Ops Soteria to assess:

- the health and wellbeing needs of the person detained in mandatory quarantine
- whether additional supports or strategies could be implemented
- all risks to the health, safety and well being of the person in mandatory quarantine posed by the proposed carer/support person joining them in quarantine.
- the appropriateness of the proposed carer/support person entering mandatory quarantine (e.g. is the support/person carer in a high risk category if they contract COVID-19)
- whether the proposed carer/support person is likely to give informed consent to entering mandatory detention.

### Process

1. Until the e-form can accommodate such a request, a person who is, or will be, in mandatory hotel quarantine must outline the reasons for their request to an Authorised Officer or the Ops Soteria Welfare team who will then forward that request to [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au). Requests will not be accepted from individuals outside of mandatory hotel quarantine, except in exceptional circumstances or where the person in hotel quarantine does not have capacity.
2. The Determinations team will gather the relevant information and may seek advice and assessment from Operation Soteria CART to validate detainee health and welfare issues and support options.
3. The Commander, COVID19 Enforcement and Compliance (or a delegated representative) will make a determination as to whether to permit the entry and may consult with the Operation Soteria Deputy Commander, Welfare (or delegated representative) in doing so.
4. If the request is declined the Determinations team contacts the requestor to advise the outcome.
5. If a request is approved:
  - the Determinations team will:
    - i. advise the person who is, or who will be, detained in mandatory quarantine, of the outcome of their request.
    - ii. Seek informed consent from the proposed carer to the conditions that dictate their entry, outlined in a letter providing details of the health risks of entering quarantine.
    - iii. forward the approval to the Operation Soteria EOC [dhhsopsoteriaeoc@dhhs.vic.gov.au](mailto:dhhsopsoteriaeoc@dhhs.vic.gov.au) and the Senior Authorised Officer on duty to facilitate the entry
6. The Operation Soteria EOC will arrange the accommodation with DJPR.

7. The Authorised Officer will issue the required documentation to enable the support person to check in to the hotel and record the check-in in the AO Compliance App.

REDACTED



**Murray Smith**  
**Commander COVID-19 Enforcement and Compliance**

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION 5 / 2020

EFFECTIVE DATE: 11 July 2020

SUBJECT: MANAGEMENT OF DETAINEE MOVEMENT FROM HOTEL TO HOTEL

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### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the process to be followed for transferring detainees from one hotel to another hotel to ensure Corrections Victoria security oversight.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers of *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

On occasions there will be a need to move a person from one hotel to another while they are under the authority of a detention notice issued under the Act.

### INSTRUCTION

#### At the hotel where the detainee was lodged

1. Confirm that the DHHS Team Leader (Op Soteria) is aware of the request to move detainee.
2. Await advice from DHHS Team Leader that the person(s) are to be relocated and when it is to occur. Note the DHHS Team Leader is to arrange transport and the designated hotel about the transfer including identifying how many rooms are required.
3. Once relocation has been confirmed, the AO at the currently lodged hotel must give a courtesy call to the receiving AO at the designated hotel to advise of the impending relocation. Confirm the end of mandatory quarantine date for the person(s) concerned.
4. Prepare temporary release documentation for each person being relocated advising that they are being transported to another hotel.
5. When the transport is ready, contact the person(s) to be relocated and arrange for security to give the person(s) face masks and gloves and to escort them to the foyer.
6. Don face mask and gloves (or perform hand hygiene) before and after the interaction with the person

7. Take images of the Temporary Release notice in the app as a record of the temporary release to move to the designated hotel.
8. Release the person(s) to the transport.
9. Contact the authorised officer at the designated hotel to notify that the person(s) is currently being transported to the hotel.

### At the designated hotel

#### Arrival

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10. The DHHS Team Leader (Op Soteria) should confirm the room configuration requirements and have rooms chosen and ready prior to the case leaving the other hotel.
11. Check that security team are aware of the impending arrival
12. The DHHS Team Leader should confirm the arrangements to be put in place to transport the person(s) to the room(s) to minimise the time spent outside their room. For example, a nurse wearing appropriate PPE to escort them from the transport straight to that pre-determined room.
13. Issue a new detention notice to each person with the same end of detention date as on their original notice.
14. Use the 'change place' feature in the App to change the hotel and room number making a note of the reason. Take an image of the new detention notice. At this stage check that the end of detention date in the app is correct.
15. Deliver the detention notice(s) to the detainee(s) by placing it under the detainee's door.
16. Then immediately phone the detainee, confirm over the phone their receipt of that Direction and Detention Notice, remind of the conditions and confirm their understanding of conditions of detention.

#### Extension of hotel stay

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17. If the person needs to stay on post-quarantine period for compassionate reasons and this additional stay has been approved by the DHHS Team Leader, the AO is to complete the following process.
18. Make a note in the contact log; issue the '**End of Detention**', take an image of the notice using camera function in app **but do not use the release function in the app**. The app is our record of who is in the hotel.
19. At the conclusion of this additional period of hotel stay, and where authorised by the Senior AO, make a note in the app using the contact log and release the person from the hotel using the app.
20. Under the new Detention arrangements, all detainees in hotel quarantine must undergo 11 day testing and this remains throughout the detainees detention period no matter which hotel they move to.
21. Failure to undergo the testing will result in a Direction for Continuation of Detention Notice being issued on 14 day and they will be required to stay for another 10 day period

REDACTED



**Murray Smith, Commander COVID-19 Enforcement and Compliance**

## Duties of the Authorised Officers

Based on information from existing personnel, the duties of the Authorised Officers (AO) are as follows:

- Must have authorisation card with you and all times. Use of a lanyard is recommended; lanyards can be obtained from the security office at ground floor, 50 Lonsdale Street.
- Make contact with hotel/duty manager and head of security when you start your shift and if possible give them a business card with your mobile on it.
- Explain to quarantinees, if required, the quarantine order. Note some people may challenge whether the Chief Health officer (CHO) has that power and ask what would happen to them if they do not adhere to it.
- If a person is refusing to comply with the quarantine order, authorise the police to detain/arrest the person. The AO does not arrest or detain people.
- If a quarantinee wants to leave the hotel, explain that they cannot and warn them of the consequences if they walk out.
- Answer questions from hotel staff, security contractors and police as to what people are allowed or not allowed to do. The most common question is whether they can leave the room for a smoke or walk around the corridor. Advice from Health & Regulation Branch is that we are there to keep them in the hotel and quarantined, not to treat them as prisoners (ie use common sense).
- Ensure you get a handover from the previous AO prior to commencing your shift.
- Many of the people returning to Australia have been stuck in hotel rooms, cruise boat etc for weeks at a time overseas and because they are checked in very slowly, some will have been in a bus for over 2 hours at the front of the hotel. Expect them to be tired and stressed. You may need to use your peacemaker and negotiation skills when dealing with quarantinees to get them settled in this new environment.
- If you have to give something to a quarantinee (for example a DHHS letter to detainee) call the quarantinee first, advise them that you leave the item at their door, knock on the door. Stand well back and watch them collect item. Must wear PPE.
- Preference is talk to quarantinee over the phone, rather than face to face. If it face to face, make sure that security is aware of what you are doing.
- Any request for exemptions go to [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au). AOs at hotels have no authority to consider exemptions. Express empathy and refer them to the email address

## Fact Sheet

It helps for the AO to read the Fact Sheet given to quarantinees (which contains the rules and helpful information) and the form that the quarantinees sign where they acknowledge what they have been told. Remember this hasn't been done for 100 years, so enforcing this quarantine to this large number of people is new to everybody.

## Food for AOs On Site

This has been hit and miss depending on which hotel you are located at – it is probably best to pack some snacks and a thermos of tea/coffee and a water bottle. The catering will be settled soon we hope.



### Additional info for new AOs

- When you arrive at your first rostered hotel, please go to reception to collect your Authorised Officer card and vest if you do not already have yours. Personal Protective Equipment (PPE) is available on site if required. Copies of the factsheet and form for detainees are also available onsite, these are mentioned as useful documents in the attached description.
- **REDACTED**, DHHS Deputy Agency Commander has confirmed that PPE and cab vouchers are available at each hotel (collect from DHHS team lead or reception). If there are any issues (particularly night shift that starts at 11pm) please let me know so that I can advise him where it is not working.
- Also attached is a brief description of the AO Role at Hotels by way of an informal introduction (it is not a formal position description). Additional information has been provided by AOs and this is now included.
- Please also find attached the Coronavirus Emergency Response Approach which outlines overtime processes, health and wellbeing etc, as well as the casual timesheet and standby and overtime form for your information.
- If you are running late for the start of your shift, please call the other AO's scheduled on with you and the AO's on the previous shift to let them know.
- If you are a new to the Authorised Officer role and wish to have an induction (DHHS Values, OH&S, Role of an Authorised Officer) please email **REDACTED**  
**REDACTED**
- If any Authorised Officer wishes to have training in the compliance app that is being used at the hotels please also email **REDACTED**

### Flying squads – How does it work?

- Each squad has a vehicle at their disposal and a dedicated mobile phone number for the team. The proposal is that where a physical response is required that it be done as a team using one vehicle. However, the team can make a judgement that where there are multiple responses required at the same time that they can respond as individuals if the situation demands.
- The team will receive calls from DHHS leads, nurses or security staff. The team will triage calls and decide whether an onsite attendance is required; whether the issue is reasonably within scope of the AO role or whether it can be handled by another DHHS team member.

# General information – COVID19 Quarantine Authorised Officers

As at 14/05/2020

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## Introduction

This document is intended for authorised officers working on the COVID19 response for the Department of Health and Human Services.

Please note general information below, based on queries received from Department of Health and Human Services (DHHS) Authorised Officers (AOs) working in COVID-19 quarantine hotels.

This information will be updated and circulated as required.

It will also be maintained in the COVID compliance Teams site: [COVID Compliance - Teams site](#)

Please advise **REDACTED** by email at **REDACTED** if you are having trouble accessing Teams.

**Note:** correspondence, including roster, pay and other information, will generally be emailed via the AO distribution list: COVID-19 Authorised Officers [COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com](mailto:COVID-19AuthorisedOfficers@dhhsvicgovau.onmicrosoft.com).

You must have set up your DHHS email address to be included on this list, in the Teams site and to use the Compliance App (all details below).

If you are still awaiting a DHHS email address, your personal/alternative email address will be used until a DHHS email address is available (information and set up details are below).

## IT access

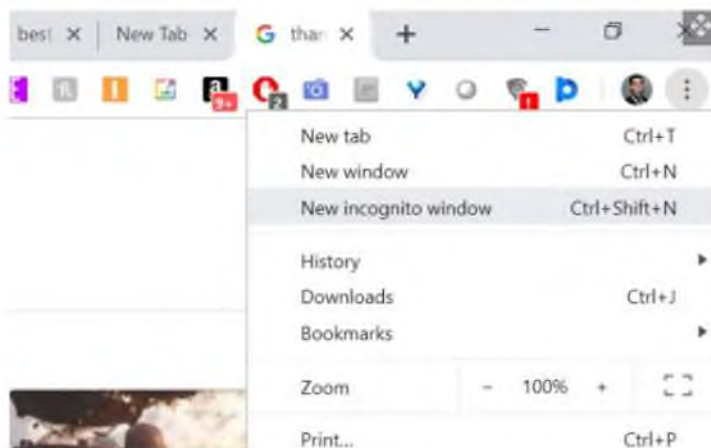
You will receive an email from **REDACTED** or on **REDACTED** behalf, with your DHHS email address and initial log in details.

You must undertake the following steps:

1. Log into Office 365 by: go to into [www.office.com](http://www.office.com) and sign in with the DHHS email and initial password provided
2. Change your password to one you can remember
3. Set up Multifactor Authenticator (MFA) from the following website, you will need your mobile phone number: [www.aka.ms/mfasetup](http://www.aka.ms/mfasetup)
4. Go back to into Office 365 and sign in with your DHHS email and newly created password.

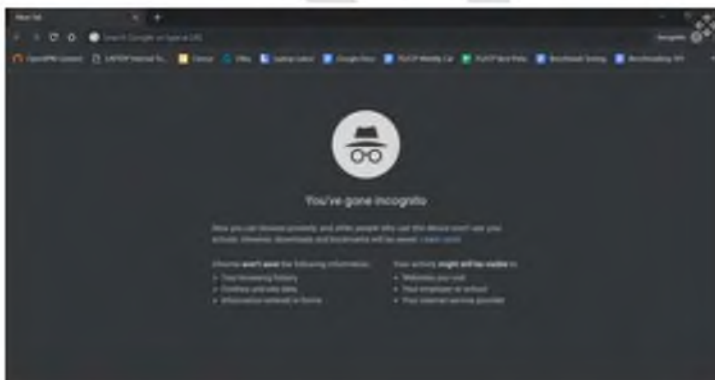
If you are accessing from another department/statutory body device and it defaults to a non-DHHS email, please undertake the following steps to go 'incognito' before logging back into office.com.

1. Step 1: To open incognito mode, start **Chrome** and click the **three-dotted icon in the top right corner** of the screen.



You're only a few seconds away from browsing in incognito mode.

2. Step 2: Click **New Incognito Window** and start browsing. Alternatively, you can press **Ctrl + Shift + N** to bring up a new tab in incognito mode without entering the Chrome settings menu.



If you have any access issues, please email **REDACTED** at **REDACTED**



## Compliance App

You will be required to record detainee information and contemporaneous notes in the Compliance App.

Please contact [REDACTED] via email at [REDACTED] for access to training and the Compliance App.

Note you will need to have set up your DHHS email address using the instructions above in order to access the App.

Compliance App training is scheduled three times a week: Monday, Wednesday and Friday at 11am.

Enhancement releases are scheduled some evenings and deployment occurs during the scheduled outage time of 9pm to 9:30pm.

User guides are updated to reflect the new functionality post released and there is a Quick Start Guide to assist you regarding new features.

The documents are available on the system's SharePoint site:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>

Support is available daily from 8am to 8pm. Public holidays included.

- Phone support: 1300 799 470, Menu option 5
- Email support: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

## Devices

There are devices (for example iPads, laptops) and mobile phones for AO use during shifts.

Please ensure you:

- do not remove the devices and phones from the hotel as they are assigned to these locations
- sanitise your hands and the device before and after use
- log off, restart or shut down the device at the end of your shift to ensure your colleague can access during their shift.

## Parking

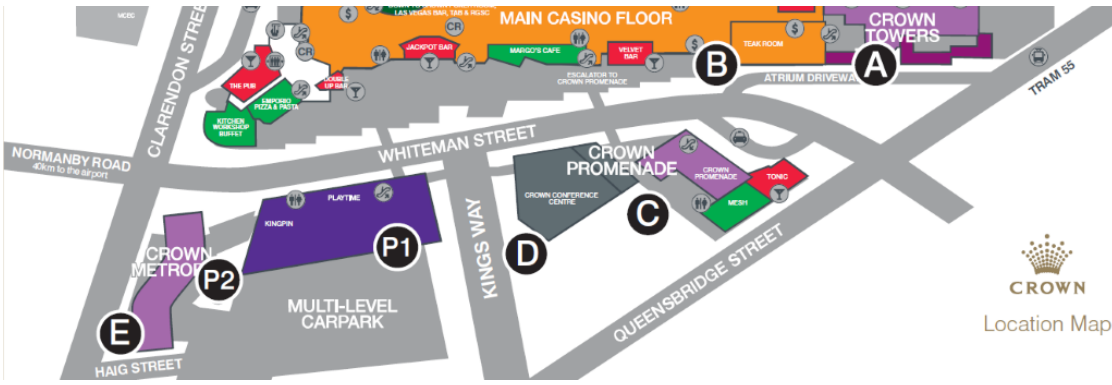
Parking is available at hotels, though some may charge a fee. You can claim reimbursements through personal tax claims or claim as expense from the department. To make an expense claim from the department, please refer to the section '[Claiming expenses](#)'.

Parking permits are being explored with the City of Melbourne for parking in the city, as well as other solutions.

### Crown Promenade Hotel

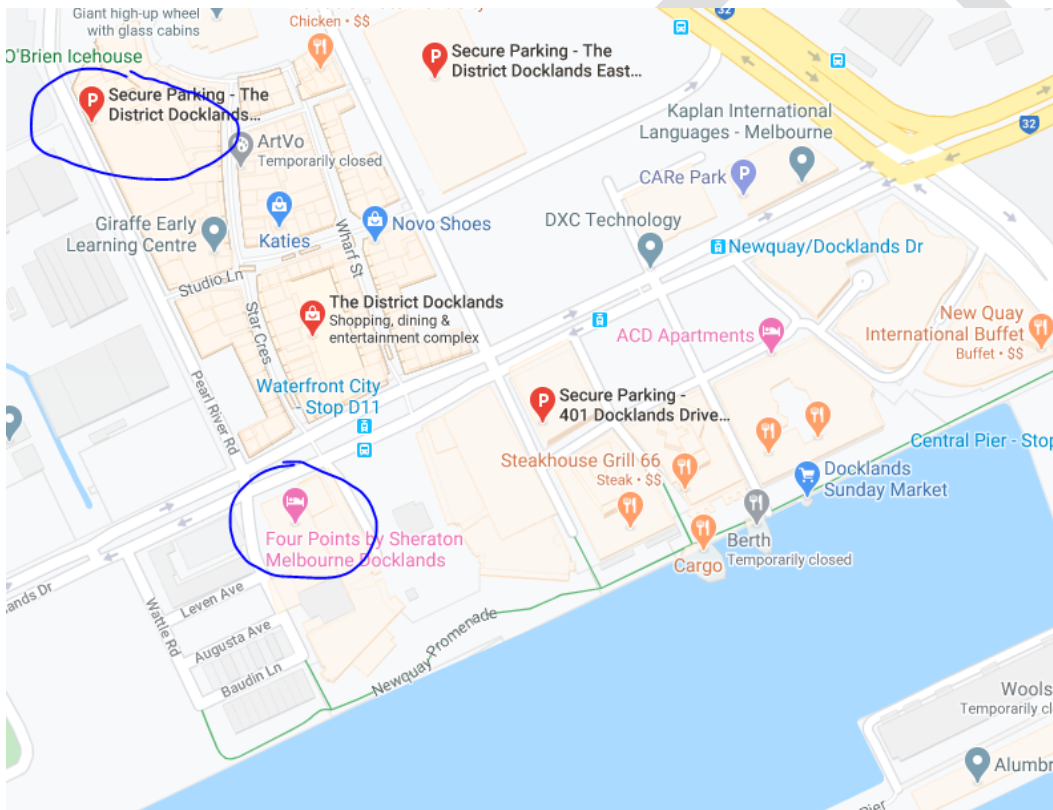
Crown Promenade's multi-level car park is free all staff to use. The car park is 'P1' on level 1, Mezzanine A and B and the boom gates are open.

The entrance is via Haig Street, off Clarendon Street. For further details please contact [REDACTED] front office manager, on [REDACTED]



### Four Points Hotel

Four Points Hotel does not have onsite parking and people usually park in the district west parking opposite the hotel (see map below). For further details please contact [fourpoints.melbournedocklands@fourpoints.com](mailto:fourpoints.melbournedocklands@fourpoints.com)



### Melbourne Marriott

Melbourne Marriott Hotel provides parking for AOs and quarantine staff on-site free of charge. The General Manager, [REDACTED] can be contacted on [REDACTED] or [REDACTED] if needed.



### Holiday Inn Melbourne Airport

Parking is free in the guest car park for AOs and other quarantine staff on site at the hotel, however parking tickets need to be presented to reception for free parking to be validated. For further details please contact [reservations@melcr.ihg.com](mailto:reservations@melcr.ihg.com)

Transport Options

HOLIDAY INN  
MELBOURNE AIRPORT

**Hotel Shuttle Bus**

Free shuttle bus is complimentary for all travellers and is available for Airport to Melbourne Airport.

Request for shuttle upon arrival and collection of bags, please call the front desk on 03 9372 1234 or email [shuttle@melcr.ihg.com](mailto:shuttle@melcr.ihg.com)

**Travel Tips for Flight - not Flight**

Always check-in online 24hrs before departure and check-in for the free airport. Then check-in and you will see a screen sign with 'check-in self service' button. Contact the front desk with number 03 9372 1234.

MELBOURNE AIRPORT (MEL) is the main airport for Melbourne.

**Car/Taxi from Airport to City**

Highway 1 is the main road from Melbourne Airport to the city. From Melbourne Airport, drive on Highway 1, 10 and 100 to the main road of the highway to reach the city.

To reach a taxi driver representative, representatives from the city to the airport, please call 03 9372 1234.

There are taxis on the main road and Melbourne Airport. To reach a taxi, please call the main road and turn right from the right hand side in the main road. You will see a sign showing taxi companies for the city.



### Novotel Melbourne on Collins

Parking is available at a discounted cost of \$11 per day. The car park is located down Manchester Lane off Collins Street. Press the button located at the entrance, which will ring through to the hotel and a team member will unlock the gate via the telephone.

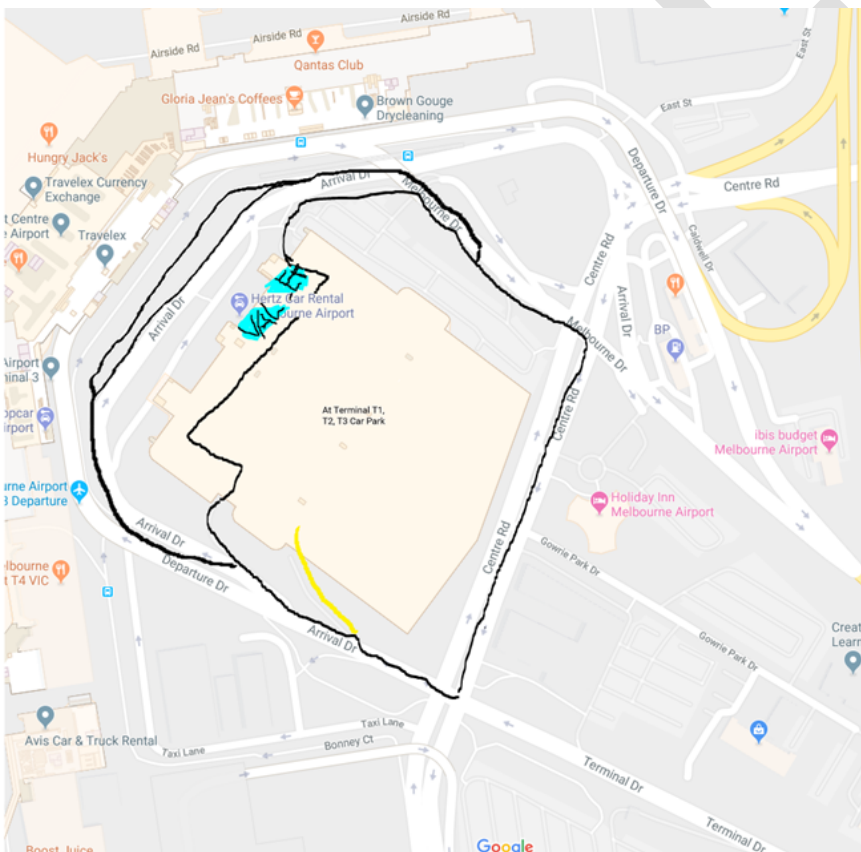
Before leaving the hotel go to reception for a validation ticket to obtain the parking discount. For further details please contact [h1587-fo16@accor.com](mailto:h1587-fo16@accor.com)

### Rydges on Swanston

There is limited on-site free car parking at Rydges on Swanston. Access to the car park is through the side street, Lincoln Square North. Press the buzzer at the gate to have access to the parking and park in any free spot. Tokens are provided by hotel/security staff on departure to exit the carpark. For further details please contact [h3208-fo16@accor.com](mailto:h3208-fo16@accor.com)

### Park Royal Melbourne Airport

Car parking is free in the short-term car park until 30 June 2020. For further details please contact [enquiry.prmia@parkroyalhotels.com](mailto:enquiry.prmia@parkroyalhotels.com) or [parkroyalhotels.com/melbourneairport](http://parkroyalhotels.com/melbourneairport)



### Mercure Welcome Melbourne

Hotel parking is located at 180 Russell Street, Wilson Parking. Parking is \$12 per 24 hours or per exit. Exit tickets are purchased from reception. For further details please contact [h3028-fo16@accor.com](mailto:h3028-fo16@accor.com)

### Crowne Plaza Hotel

Parking is available for AOs and a limited number of other authorised staff. Interested staff need to register their details with **REDACTED** Executive Assistant Manager by email at **REDACTED**

Parking is otherwise available in the Carpark on Siddeley Street near the Mission to Seafarers building at the staff rate of \$17. Staff need to contact reception team for vouchers.

### Pan Pacific Hotel

Staff parking is available in the DFO carpark (titled South Wharf Retail Car Park in the map).

There is an option to prebook parking online (<https://www.dfo.com.au/south-wharf/info/car-park/>), which may reduce the rate. If parking without pre-booking, a discount voucher can be provided on presentation of the entry ticket (the price is reduced to \$24). For further details contact the concierge [concierge.ppmel@panpacific.com](mailto:concierge.ppmel@panpacific.com)

### Holiday Inn Melbourne on Flinders

The hotel has three complementary car spots in its small car park basement (for one AO representative, one DHHS representative, one DNATA representative). The carpark entrance is via 575 Flinders Lane, right next to the hotel main entrance. The hotel requires the car number plate so they are aware of who the car belongs to. Please contact **REDACTED** General Manager on **REDACTED**



### Stamford Plaza Melbourne

The Stamford Plaza hotel does not have onsite parking available. The nearest parking is Secure Parking located under the Australia Post office off Bourke St. For further details contact [reservations@spm.stamford.com.au](mailto:reservations@spm.stamford.com.au)





## Travelodge Hotel Melbourne Southbank

Parking is available at the Eureka Wilsons Car Park 70 City Rd, Southbank VIC 3006. Entry is off Southgate Ave adjacent to the hotel. The parking cost is \$14 per ticket issued and is payable at the hotel reception and will be validated by hotel staff. For further details contact [southbank@travelodge.com.au](mailto:southbank@travelodge.com.au)

## Payroll matters

Please refer to the following SharePoint site for detailed information on Payroll matters:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/New-guidance---payroll-and-timesheets.aspx>

General information about payroll matters for hotel AOs is below.

Note, while timesheets, verified by [REDACTED] [REDACTED] are still required, the following information may not be relevant for staff who have been seconded and are still being paid by their 'home' organisation.

### Pay period

Pay is fortnightly. The below 2020 calendar details the fortnights. Specific timesheet information is below.



2020 Calendar.xls

## Penalties, Allowances and Costs

You may be entitled to penalty rates and allowances for shift work.

Rostered shifts, penalties and overtime are paid in arrears.

Standard half hour unpaid break applies and should be recorded as such on the timesheet (equivalent to the standard 9am – 5.06pm, minus 30 minutes lunch break, five days per week, equals your 76-hour fortnight).

Note Meal Allowance payments only apply to overtime in two situations – overtime that exceeds 2 hours that commences immediately before or after a rostered shift, or on a standalone overtime period (that is, called in on a day off or weekend). When working a shift as a shift worker, meal allowance is not paid as part of that shift.

Parking fees (not fines for incorrect parking) can be claimed on personal tax or through DHHS as above.

CabCharges are available for late shift finishes where the person uses public transport or does not drive (note parking information above).

Staff may reflect their travel time on their timesheet in the following circumstances:

- If you are regional based staff member travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, who is not normally based at 50 Lonsdale Street, travelling to Melbourne Airport or a Melbourne CBD hotel in order to undertake your duties
- If you are a metro-based staff member, including those who are based at 50 Lonsdale Street, travelling to Melbourne Airport in order to undertake your duties.

Staff who are based at 50 Lonsdale Street and are asked to undertake their duties at a Melbourne CBD hotel should not reflect their travel time on their time sheets due to the close proximity of the majority of the hotels to the 50 Lonsdale Street location.

Staff who wish to claim mileage reimbursement are strongly encouraged to do this through their personal tax return through the recording of mileage and submission as part of that process.

## Timesheets

There are three timesheets, outlined below and available from the above SharePoint site.

- The **casual** timesheet is for staff on a casual contract.
- The **overtime and standby** timesheet is for staff who are undertaking their usual number of hours (whether full or part time) between the 7am – 7pm Monday to Friday timespan, but have also undertaken additional hours as overtime or due to being on call.
- The **roster** timesheet is for staff who are undertaking rostered shift work, whether seconded, employed or engaged to do so, or as a temporary change to working arrangements. Most AOs working in the hotels will be using this timesheet.

In all cases, timesheets must be legible, signed (electronic fine), fully completed with name, employee ID (where available), pay period etc.

Manager-approved timesheets must be submitted to Payroll by midday Tuesday on a NON-pay week. This is a hard deadline.

As manager-approved timesheets are due before midday on Tuesday of non-pay week, timesheets **for seconded and fixed term staff** must be submitted to [REDACTED] [REDACTED] via the dedicated inbox (below) by the Friday before.

For **ongoing DHHS employees** you must submit your completed timesheet to your substantive manager and then submit via *OurService*. For more information on OurService visit: <https://ourservice.dhhs.vic.gov.au/ourservice/>.

Please send your timesheets to [REDACTED] at COVID-AO Timesheet (DHHS) [COVID.AOTimesheet@dhhs.vic.gov.au](mailto:COVID.AOTimesheet@dhhs.vic.gov.au) (this ensures your timesheet does not get 'hidden' amongst the other emails being received).

## Payslips

Payslips are generated each pay fortnight. For employees with ESS access, you can view your payslips online. For employees without ESS access, you will have a copy of your payslip sent to your nominated residential or email address.

### Employees with ESS access (ongoing DHHS staff)

Your payslip will be available to you through ESS on Monday of the pay week via ESS.

### Employees without access to ESS (fixed term and seconded staff)

For those employees that do not have access to ESS, payslips will be sent via post or to your nominated email address (currently set to your DHHS email address).

## Claiming expenses

Expenses can be claimed using the department's Business Expense Reimbursement System (BERS). BERS enables you to submit claims by attaching scanned image/photo of receipts and submitting for approval online via a mobile phone application or website.

Once the claim is approved, reimbursement of the expense is made through payroll as part of the fortnightly pay cycle.

You can make claims online by going to <https://secure.inlogik.com/dhhs>. You will first have to accept the Privacy Statement and Employee Declaration.

You can also make claims using the 'ExpenseMe' app on a mobile device. You must access BERS on your browser first <https://secure.inlogik.com/dhhs> before you can use the app.

You will need your DHHS email and network username. For new staff, your network username (sometimes known as HSnet) was provided in the email with your DHHS email address and initial password.

You can also access BERS from SharePoint (you don't need access to the department's Intranet to do this).

Information about what you can and can't claim is on the SharePoint site and the Intranet

<https://intranet.dhhs.vic.gov.au/business-expense-reimbursement>

<https://dhhsvicgovau.sharepoint.com/sites/CSModernisation/SitePages/ExpenseReimbursements.aspx>

For support, email: [BERS.Support@dhhs.vic.gov.au](mailto:BERS.Support@dhhs.vic.gov.au).

## Employee Wellbeing and Support

It is important that everyone looks after themselves (and each other) during these unprecedented times.

### Employee Wellbeing and Support Program

The [Employee Wellbeing and Support Program](#) is available to provide confidential support to all employees and their immediate family members impacted by coronavirus (COVID-19). Support is available 24 hours a day, seven days a week at no cost to you. Please call **1300 687 327** and request immediate support if you need it, or to book an appointment for a time that suits you.

Visit the COVID-19 DHHS Staff Hub on SharePoint for further information and resources:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Employee%20Support.aspx?csf=1&e=LotM0Q>

### Additional support for COVID-19 response staff

In addition, as part of our commitment to creating a safe and healthy workplace we have been working with the Employee Wellbeing and Support team to design and deliver additional layers of support for all staff during this challenging time in responding to COVID-19.

We are committed to looking after your health and wellbeing and acknowledge that our current environment continues to provide us with challenging and ever-changing circumstances and priorities. In order to do the work we do well, we need to ensure we are looking after ourselves.

The leadership team are acutely aware of the challenging nature of the work we are undertaking and the impact it can have on each of us and acknowledge the need for proactive support to assist us to thrive at work and at home.

### Debriefing sessions

We're conscious that the hotel quarantine environment AOs are working in can be quite intense both in terms of people's reactions to being placed in quarantine and, in particular, the broad range of often very compelling reasons why they might ask to be exempted from quarantine, some of which we've been able to approve, many of which we haven't.

Whether you're someone used to dealing with these types of issues or not, they can sometimes have a cumulative emotional impact on staff working in these situations and it can be important to have an opportunity to talk through how you're coping with this.

To this end, we've organised an initial two debriefing sessions that will be facilitated by staff from Converge International, the provider of the Employee Wellbeing and Support program. Due to the nature of sessions, which will be conducted remotely, places in each session will be limited to 10 people. If the level of interest from AOs exceeds the number of places, we will organise further sessions.

The first two sessions are scheduled for:

- Tuesday 12 May 3.30pm – 4.30pm
- Friday 15 May 11am – 12pm

If you would like to attend one of these sessions please email [\[REDACTED\]](#) at [\[REDACTED\]](#) and [\[REDACTED\]](#) will either send you an invite or, if all places in these first two sessions have been booked, place you on a list for future sessions and get in touch accordingly.



## Welfare check-ins

Welfare check-ins are a proactive and holistic telephone-based support, delivered by a Consultant from Converge.

Staff will be called on a fortnightly basis to check in with people about mood, coping abilities, social support, sleep and general wellbeing. If the need for additional support is identified through the check-in, staff will be linked into this following the check in; this will be arranged by the Consultant. As with all employee support programs, this service is confidential and available at no cost to you.

**Participation in the welfare check-ins is on an opt out basis, as we feel it is important that all staff have access to this support given the nature of the work we are doing.**

If you have concerns about participation or wish to opt out please contact [wellbeing@dhhs.vic.gov.au](mailto:wellbeing@dhhs.vic.gov.au) and the Employee Wellbeing and Support team will work with you to identify other ways of accessing supports.

Given the pressure we've all been working under, we strongly encourage all of you to take advantage of the supports being made available.

## Queries

If you have any feedback, queries or concerns, please contact **REDACTED** via email at **REDACTED**



- \* Authorised Officer detention SOP
- \* Authorised Officers hotel locations
- \* Direction and detention notice
- \* Privacy notice
- \* Guidance note how to issue a permission for temporary leave from detention
- \* Permission for temporary leave from detention
- \* Register of permissions granted
- \* COVID-19 exemptions to the 14 day mandatory quarantine period for international travellers
- \* Guidance note how to conclude a person's detainment under a Direction and detention notice
- \* End of detention notice
- \* End of detention notice confirmed and clear case
- \* Charter of human rights obligations
- \* Guidance note exceptions to the general quarantine policy
- \* Coronavirus emergency response approach
- \* Standby and overtime form
- \* Attendance record casual COVID-19

We are also now distributing hard copies of the *Compliance and welfare management system user guide (Holiday Inn on Flinders, Marriott and Stamford Plaza received copies today)* along with concertina files which have finally arrived.

Once **REDACTED** General info for COVID quarantine and compliance AOs is finalised we will also be able to distribute hard copies of that document.

Please let **REDACTED** if you require extra copies of anything and/or need restocking of any other supplies.

Due to a generally favourable response to my last circular, a few more tracks from my *In finem mundi mixtape* -

<https://www.youtube.com/watch?v=-Kobdb37Cwc>

<https://www.youtube.com/watch?v=zmLcp4HekUc>

<https://www.youtube.com/watch?v=auSBpRX7Gms>

<https://www.youtube.com/watch?v=CATCQzEJ5JM>

<https://www.youtube.com/watch?v=kU7A7nFjLh0>

<https://www.youtube.com/watch?v=w9TnyotblDM>

**I will be out of the office tomorrow 5 May 2020.**

**Kind Regards**

**REDACTED**

Senior Project Officer, Child Safeguarding Regulations | Human Services Regulator  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services | 50 Lonsdale Street, Melbourne, VIC 3000

**REDACTED**

[www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)





The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.







From: Jason Helps [REDACTED]  
 Sent: Sunday, 12 April 2020 1:06 PM  
 To: Steve Ballard [REDACTED]; Finn Romanes [REDACTED]; Merrin Bamert (DHHS) [REDACTED]; Meena Naidu [REDACTED]; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au> [REDACTED]; Braedan Hogan [REDACTED]; Andrea Spiteri [REDACTED]  
 Subject: RE: Pan Pacific Hotel - next steps

Hi All,  
 Please see below from Steve, if we can ensure team leaders at Pan Pacific are directly informed of this arrangement.  
 Steve,  
 Can we ensure this is also captured in case notes at the hotel so all staff changing over are aware and it is recorded.

**Jason Helps**

Deputy Director Emergency Operations and Capability | Emergency Management Branch  
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000  
 [REDACTED]

[www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) | [www.emergency.vic.gov.au](http://www.emergency.vic.gov.au) | <https://twitter.com/VicGovDHHS>

From: Steve Ballard [REDACTED]  
 Sent: Sunday, 12 April 2020 11:21 AM  
 To: Finn Romanes [REDACTED]; Merrin Bamert [REDACTED]; Jason Helps [REDACTED]; Meena Naidu [REDACTED]  
 Subject: Re: Pan Pacific Hotel - next steps

Hi All  
 As proposed, I advise that I took [REDACTED] for a brief walk outside the hotel with Security at 10:30 am. [REDACTED] was appreciative of the opportunity to have some fresh air. I advised [REDACTED] that one of the guests who have been on [REDACTED]

[REDACTED]

[REDACTED]

I also requested that [REDACTED] respect for family privacy in this matter.  
 We also discussed [REDACTED] claustrophobia and [REDACTED] described to me the history of this which appears to be a genuine and long-standing condition.  
 [REDACTED] is very keen to move to another hotel that has a window that [REDACTED] can open to provide [REDACTED] with fresh air.  
 I understand that none of the hotels that we have contracted have this facility but you may wish to confirm? If not I think we need to consider whether it would be feasible to move [REDACTED] to an alternative hotel with a window that opens.  
 I appreciate this could be challenging given the need for security and how this could be managed for one person.  
 [REDACTED] is clear that [REDACTED] does not want to return home early as [REDACTED] will be caring for [REDACTED] mother and does not want to put her at risk.  
 I also advised [REDACTED] that at the least we would insure that [REDACTED] has the opportunity for a daily walk outside.  
 [REDACTED] was appreciative of this offer and I would recommend that we put this in place while we explore alternative options.  
 Can we please ensure our rostered staff and team leaders have these daily walks in place  
 Happy to discuss further as required

Steve Ballard  
 Get [Outlook for iOS](#)

From: Finn Romanes [REDACTED]  
 Sent: Sunday, April 12, 2020 7:35:26 AM  
 To: Steve Ballard [REDACTED]  
 Subject: Automatic reply: Pan Pacific Hotel - next steps

Due to a high volume of emails, I may be unable to read your message.  
 I am out of the office and returning Thursday 16 April at 8am.  
 If the matter is urgent please contact the Public Health Commander for COVID-19 emergency, who is Dr Annaliese van Diemen [REDACTED]  
 Thank you.  
 Dr Finn Romanes  
 Public Health Physician

# ANNEX 1

## COVID-19 Compliance policy and procedures – Detention authorisation

Authorised Officers under the *Public Health and Wellbeing Act 2008*

### Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
1.0	Approved	REDACTED	Angie Bone	Meena Naidu	29/4/2020
2.0	Approved	REDACTED	Meena Naidu	Murray Smith	24/05202020

**This document is not for public release and is classified as 'sensitive'.**

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# 1 Purpose and background

## 1.1 Purpose

This purpose of this annex is to outline the compliance and enforcement functions and procedures for the Direction and Detention notice under the *Public Health and Wellbeing Act 2008* (PHWA).

This is an annex to the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

## 1.2 Background

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria.

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days. A third notice (No 3) was issued on 11 May 2020, that requires the detention of all persons arriving in Victoria from overseas to be detained in a quarantine hotel for a period of 14 days (Appendix 1).

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

### 1.2.1 Objectives

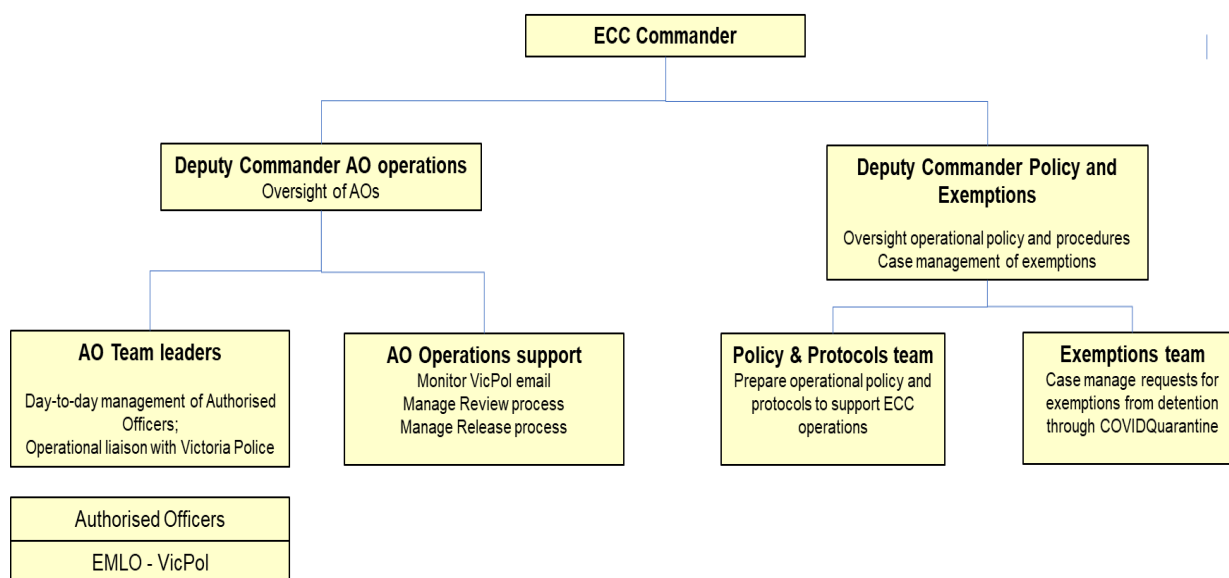
The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection.
- To ensure effective isolation of cases should illness occur in a returned traveller.
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days.
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required.
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database.
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention.
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## 2 Enforcement and Compliance Command governance

### 2.1 Enforcement and Compliance Command structure

Figure 1. Enforcement and Compliance Command structure



### 2.2 ECC roles and responsibilities

Table 1. ECC cell roles

Role	Responsibilities
Enforcement and Compliance Commander	<ul style="list-style-type: none"> <li>Lead and provide oversight to compliance matters under all Public Health Directions.</li> <li>Provide advice and input into complex compliance matters.</li> <li>Provide advice and support to the Chief Health Officer and their delegate on compliance.</li> <li>Address interagency issues</li> <li>Approve requests for changes to alternative detention arrangements</li> <li>Daily review of those subject to detention</li> </ul>
Deputy Commander AO operations	<ul style="list-style-type: none"> <li>Provide oversight to Authorised officers</li> <li>Ensure effective communication between AO operations, Command and Policy and Exemptions</li> </ul>



	<ul style="list-style-type: none"> <li>• Ensure operations are compliant with protocols</li> <li>• Engage with EOC as required around hotel operations and compliance</li> <li>• Lead the provision of guidance to the AO Team Leaders.</li> <li>• Report on daily review of people being detained.</li> </ul>
AO Operations support	<ul style="list-style-type: none"> <li>• Undertake rostering, recruiting and onboarding of ECC resources</li> <li>• Monitor VicPol email address</li> <li>• Manage daily review of detention process</li> <li>• Manage release from detention process.</li> </ul>
Senior AO	<ul style="list-style-type: none"> <li>• Provide leadership to AOs.</li> <li>• Monitor the approval of permissions</li> <li>• Support AOs through complex matters</li> <li>• Make exemption request where appropriate</li> <li>• Ensure appropriate parties are aware of complex matters</li> </ul>
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>• Issuing detention notices</li> <li>• Ensuring compliance with the notices</li> <li>• Issuing and managing permissions</li> <li>• Actioning approved exemptions</li> <li>• Actioning the release of detainees from hotels</li> <li>• Provide support to VicPol as required</li> </ul>
EMLO VicPol	<ul style="list-style-type: none"> <li>• Liaise with Victoria Police.</li> </ul>
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> <li>• Oversight of operational policy and procedures.</li> <li>• Key liaison point with legal</li> <li>• Case management of exemptions.</li> </ul>
Exemptions Managers	<ul style="list-style-type: none"> <li>• Approve cases declined at Triage</li> <li>• Review cases to be approved by the Commander</li> </ul>
Exemptions Team Leaders	<ul style="list-style-type: none"> <li>• Support team members through complex cases</li> <li>• Ensure cases are appropriately closed out</li> </ul>
Exemptions team	<ul style="list-style-type: none"> <li>• Triage cases as they are received</li> <li>• Manage COVIDQuarantine inbox</li> <li>• Case manage requests for exemptions from detention.</li> <li>• Liaise with other parties as required to manage cases</li> </ul>
Policy and Protocols team	<ul style="list-style-type: none"> <li>• Prepare operational policy and protocols to support enforcement and compliance.</li> <li>• Prepare briefs, PPQs and other documents and reports as required</li> </ul>

## 2.3 Roles and responsibilities for other staff

**Table 2. Non-compliance cell staff at hotel**

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> <li>• Supports the health and well-being of staff.</li> <li>• Liaises with airport command and staff from the Department of Jobs Precincts and Regions represented at the hotel.</li> <li>• Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations.</li> <li>• Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required.</li> <li>• Ensures appropriate records management processes are in place.</li> </ul>
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs.</li> <li>• Deliver hyper-care (concierge) services onsite.</li> <li>• Manage contracts with accommodation providers.</li> <li>• Manage transport arrangements from the airport and other locations detainees as permitted by AOs.</li> <li>• Manage material needs including food and drink.</li> </ul>
Nursing staff	<ul style="list-style-type: none"> <li>• Provide 24 hour on-call medical support subject to demand.</li> <li>• Provide welfare to detainees through a daily welfare check — DHHS welfare officers email <a href="mailto:COVIDQuarantine@dhhs.vic.gov.au">COVIDQuarantine@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues.</li> <li>• Provide a satisfaction survey for residents to complete each week.</li> </ul>
Security	<ul style="list-style-type: none"> <li>• Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.</li> </ul>

## 2.4 COVID-19 Quarantine Compliance and Welfare System

The COVID-19 Quarantine and Welfare System is the key recording and reporting system supporting the ECC. It supports quarantine arrangements by providing a common database for compliance health and welfare activities. The systems is protected for privacy reasons with different cohorts having access to specific part of the database through either an app or directly through the Customer Relationship Management (CRM) interface. The ECC has access to

- [COVID-19 Compliance Application](#) (Compliance App)- This application supports AOs to issue, maintain and record Direction and Detention notices and permissions as well as issue and record certain exemptions. .
- COVID-19 Exemptions – This tool enables the exemptions team to triage; case manage and close requests for exemptions. It is linked to the Compliance App so AOs are able to see the status of, request and action exemptions.

A Smart form for applications for exemptions is on the DHHS website for travellers or their representatives to request a change to the mandatory detention arrangements. The SMART form feeds directly into the CRM.

A **User Guide** is available to guide ECC team members.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

## 3 Authorised officers and powers

### 3.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice
- AOs must meet legislative obligations around identification, warnings, communication and human rights when exercising powers.

### 3.2 Authorisation under the PHWA to exercise emergency powers

**Only VPS employees and council environmental health officers that are AOs under the PHWA and also authorised by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise public health risk and emergency powers.**

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date.

**Note: Any AO that is unsure as to whether they have been authorised under s. 199 should contact the AO Operations support team prior to enforcing compliance with the Direction and Detention Notices.**

While exercising their powers and monitoring compliance, AOs should be cognisant that persons subject to detention may be tired, emotional and stressed. AOs may need to use conflict negotiation, mediation skills and compassion to help persons settle into the new environment.

#### 3.2.1 Emergency powers and offences

Section 200(1) of the PHWA sets out the emergency powers, including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

The Direction and Detention notice is made pursuant to section 200 of the PHWA (emergency powers), Attachment 1.

It is an offence under section 203 of the PHWA if a person refuses or fails to comply with the directions and requirements set out in the Direction and Detention notice (unless there is a reasonable excuse for refusing or failing to comply). The maximum court penalty for an individual is 120 penalty units and 600 penalty units for a body corporate. There are infringement penalties of 10 penalty units for a natural person and 60 penalty units for a body corporate.

## 3.3 Authorised officer and Chief Health Officer obligations

Sections 200(2) – (8) of the PHWA set out several AO obligations in relation to detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

### 3.3.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when exercising powers. Table 3 below summarises mandatory obligations.

**Table 3. Mandatory obligations of AOs**

Legislation	Obligations
<b>Emergency powers and general powers in the <i>Public Health and Wellbeing Act 2008</i></b>	<ul style="list-style-type: none"> <li>• AO must show ID card before carrying out actions/exercising powers</li> </ul>
	<ul style="list-style-type: none"> <li>• Before any person is detained, AO must briefly explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable</li> </ul>
	<ul style="list-style-type: none"> <li>• Before any person is detained, AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence.</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must facilitate any reasonable request for communication</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with support from Operations Support Team)</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health<sup>1</sup>.</li> </ul>
<b>In addition, AOs must comply with the Charter of Human Rights</b> (see also Appendix 16)	<ul style="list-style-type: none"> <li>• AO must act compatibly with human rights</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.</li> </ul>

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

<sup>1</sup> An Authorised Officer under the PHWA that has been authorised to exercise public health risk and emergency powers

### 3.3.2 General powers and obligations under the Public Health and Wellbeing Act 2008 (PHWA)

The general powers of Authorised Officers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice from the Deputy Commander AO Operations if they are unsure about the administration of their powers.**

#### 3.3.3 Authorised officer obligations:

##### Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA (unless impractical to do so):
- At any time during the exercise of powers, if you are asked to show your ID card
- As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

##### Inform people of their rights and obligations

- You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health (s.167).
- Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

## 4 AO responsibilities at port of arrival

AOs issue Direction and Detention notices to people arriving in Victoria (airports and seaports)<sup>2</sup> from overseas who must go into immediate compulsory quarantine for 14 days. This is because international arrivals present a high-risk of further transmission of the COVID-19 virus and detention is necessary to reduce or eliminate the serious risks to public health associated with the virus.

All passengers will be transported to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period with the **day of arrival counted as day 0**.

The airport is the first point of contact for an AO, who must undertake several obligations to administer the direction and detention notice issued under the PHWA.

### 4.1 Key points

- AO must fulfil mandatory obligations (e.g. show ID card and explain reason for detention,).
- AO must check that a direction and detention notice is filled in properly and recorded.
- AO to provide factsheet and privacy collection notice to person.

### 4.2 Key responsibilities

**Table 4. AO responsibilities at the airport**

Step	AO responsibilities	Mandatory obligation	Section (PHWA)
Identify pre-approved exemptions	<ol style="list-style-type: none"> <li>1. Prior to flight arrival the rostered Airport AO should check for any preapproved exemptions which may need to be actioned at the airport</li> <li>2. Exemptions will be provided by the Exemptions Team Manager to the AO rostered at the airport as well as Airport Operations Command prior to passenger disembarkation.</li> <li>3. Any queries in relation to the exemption should be directed to the Exemption team lead.</li> <li>4. AO to check exemption paperwork and identify on passenger manifest sheet 'exemption'.</li> </ol>		
Flight arrival	<ol style="list-style-type: none"> <li>5. Inform flight crew of AO action and request translation of script<sup>3</sup>.</li> <li>6. Declare you are an Authorised officer and show your identification card.</li> <li>7. Read script (Appendix 2), which:               <ol style="list-style-type: none"> <li>i. explains the reasons for detention</li> <li>ii. warns returning passengers that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply</li> <li>iii. reminds passengers they must keep their detention notice.</li> </ol> </li> </ol>	Yes	Sections 166, 200(2),200(4) and 202(1)



<sup>2</sup> See exemptions section that describes circumstances and policies for maritime environment

<sup>3</sup> See suggested script at Attachment 1

	<p>8. Repeat twice.</p> <p>9. Flight crew read script in all relevant languages.</p>		
Issue notice immediately after disembarkation	<p>10. Show identification.</p> <p>11. If the traveller is not a foreign diplomat or immediately transferring to an international flight leaving within 8 hours of arrival, serve the approved Direction and Detention Notice to each passenger. Unless advised otherwise, the approved notice is the general notice (Appendix 1). Unaccompanied children who are detained must be served the solo child notice (Appendix 3). (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required).</p> <p>12. Ask passenger/s if they understand the notice. If not, explain reasons for detention again, warn them that it is an offence to not comply and answer questions.</p> <p>13. If practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</p>	Yes.	Section 200, 200(2) and 200(4)
Facilitate request for communication	<p>14. Facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention <b>(call Victorian Interpretation and translation service on 9280 1955; PIN code is REDAC)</b></p>	Yes	Section 200(5)
Confirm details	<p>15. Ensure each direction and detention notice:</p> <ul style="list-style-type: none"> <li>i. states the full name of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>ii. contains the signature of the person being detained or their guardian as receipt of the notice</li> <li>iii. states the name and signature of the AO</li> <li>iv. contains the hotel name at which the person will be detained</li> <li>v. contains the date of commencement of detention.</li> </ul>		
Record issue of receipt	<p>16. Take a photo of direction and detention notice and record issue and receipt of the notice in the COVID-19 Compliance and Welfare Application<sup>4</sup>. You may be assisted by a non-AO in this task.</p>		

<sup>4</sup> The Business system referred to here is the Quarantine Compliance and Welfare System COVID-19 Compliance Application



	<p>17. Request person subject to detention present to AO at hotel. Direct person to area for transport to hotel.</p> <p>18.</p> <p> Provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</p>		
Arrangements for diplomats and immediate transits	<p>19. Foreign diplomats cannot be served a detention notice. The Exemptions team will provide a letter to give to the diplomat and will provide instruction. This will normally be done in advance of the flight arrival</p> <p>20. Take a photo of the letter issued</p>		
Arrangements for immediate transits (less than 8 hours between international flights)	<p>21. Check onward ticket and that the traveller is not showing symptoms of covid.</p> <p>22. Record the individual as a transit in the Compliance app. No document is required to be issued.</p> <p>23. Advise traveller they are required to stay airside between flights at the designated transit area</p>		
Check with welfare team	<p>24. Liaise with Senior AO and health team if the Health Check has identified passengers that need to transfer to hospital.</p> <p>25. Issue leave permissions where required (e.g. in circumstances where a person needs to go to hospital) Refer to Section 7 (Permissions) for further detail.</p> <p>26. Ensure the person subject to detention understands they must return to the hotel listed on the detention notice immediately after medical release in transport organised by DHHS.</p> <p>27. Make a note in the Compliance app and ensure the AO at the relevant hotel and Deputy Command AO operations is aware a permission has been granted.</p> <p>28.</p> <p> Complete the hospital fact sheet and provide a copy to the driver to be given to the hospital on detainee arrival.</p>		
Record	<p>29. Record any actions in the COVID Compliance Application, including the above mandatory obligations, use of translator and any associated issues.</p>		

#### **4.2.1 Transfer of uncooperative person to be detained**

There may be circumstances where a person refuses to be cooperative. DHHS Operations staff at the airport may elect to organise a separate mode of transport for in such circumstances, noting Victoria Police may be requested to escort such individuals.

## 5 AO responsibilities at hotels

As part of meeting mandatory detention requirements in the Direction and Detention notice, the Victorian Government has arranged accommodation in numerous locations, primarily in the Melbourne CBD area. The purpose of this is to restrict the movement of international arrivals to limit the spread of COVID-19.

### 5.1 Key points

- AO oversees and provides advice on compliance and works with security, hotel staff, and medical and other staff.
- AOs are responsible for detention release following the mandatory 14 day detention

### 5.2 Shift change over

**Table 5: Key steps and AO roles and responsibilities during shift change over**

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Introduction	1. Introduce yourself to: <ul style="list-style-type: none"> <li>• hotel/duty manager</li> <li>• head of security</li> <li>• DHHS Team Leader</li> <li>• DJPR site manager (if on site)</li> <li>• medical staff.</li> </ul>		
Handover	2. Obtain a handover from the previous AO (verbal and high-level information) to: <ul style="list-style-type: none"> <li>• understand detainee issues, early releases, exemptions (including status) and permissions</li> <li>• ascertain location of records and template forms</li> <li>• any hotel operational issues (e.g. physical exercise space unavailable, changes to operational policies like food delivery)</li> <li>• ensure COVID-19 Compliance Application has been updated</li> <li>• if exits from detention expected, ensure AO team and release team aware of plans and location of documentation.</li> </ul>		

## 5.3 Hotel check-in

The purpose of hotel check-in is to:

- enable hotel staff to provide people being detained with a room number and key
- reiterate obligations for those being detained.

**Table 5. Key steps and AO roles and responsibilities – hotel check-in**

Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Check-in	<ol style="list-style-type: none"> <li>1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:               <ol style="list-style-type: none"> <li>i. room number</li> <li>ii. the date that the person will be detained until (14 days after arrival at place of detention).</li> </ol> </li> <li>2. AO to initial the room number on the notice, record in the Compliance App and take a photo of the page with the room number before returning to the detainee.</li> </ol>	Yes	
Check and reiterate Direction and detention notice	<ol style="list-style-type: none"> <li>3. AO answers compliance-related questions and deals with compliance issues, including reiterating aspects relating to the notice.</li> </ol>		Sections 166, and 203(1)
Liaise with medical and welfare staff	<ol style="list-style-type: none"> <li>4. Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).</li> </ol>		

## 5.4 Monitoring compliance

The AO will provide oversight and ensure compliance with the direction and detention notice

**Table 6. Key steps and AO roles and responsibilities – monitoring compliance**

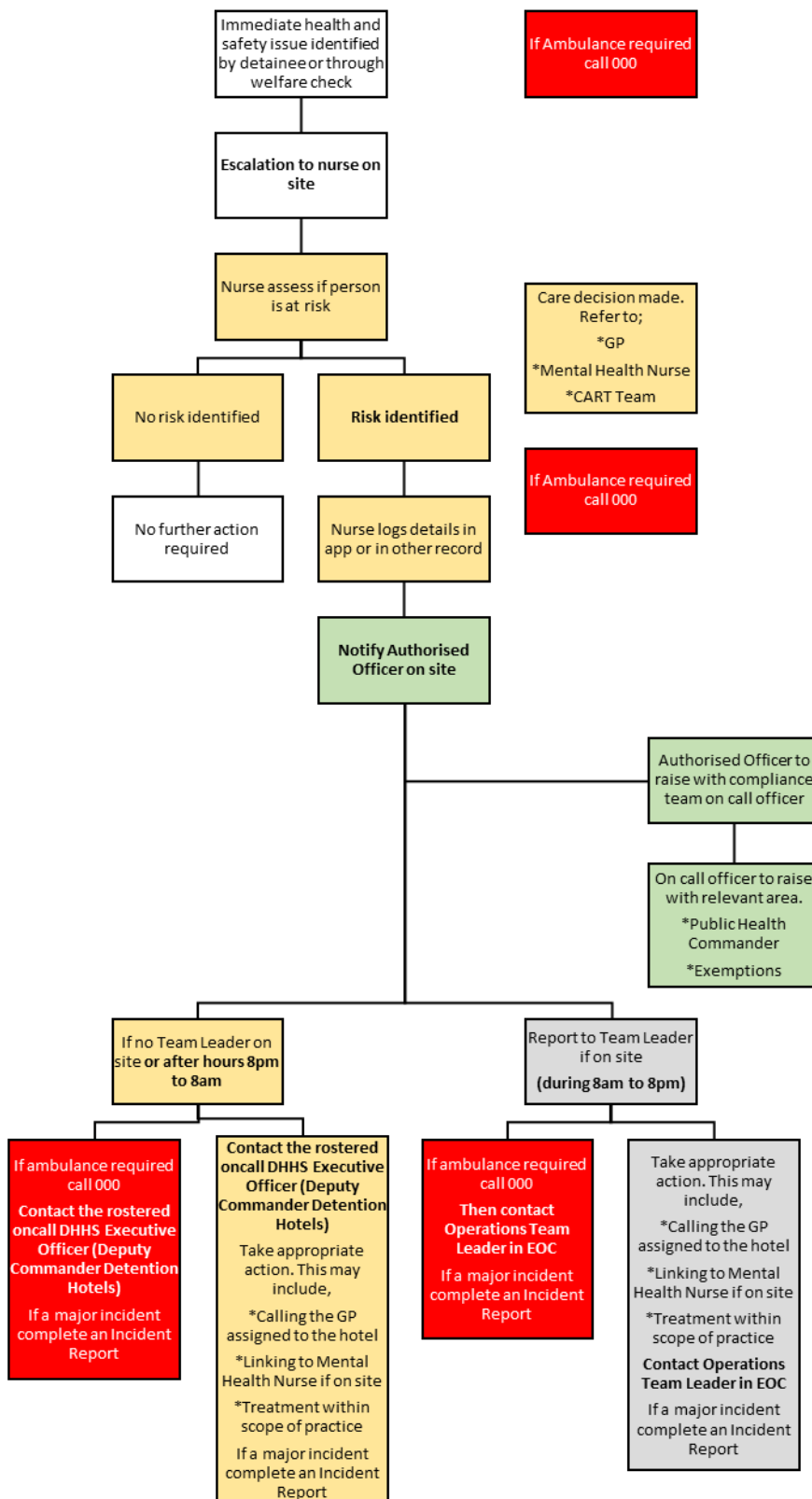
Step	AO roles and responsibilities	Mandatory obligation	Section (PHWA)
Liaise with security	1. Check that security undertake floor walks to encourage compliance and deter non-compliance.		
Oversee compliance	2. Oversee and provide advice on compliance-related issues such as: <ul style="list-style-type: none"> <li>a person refusing to comply and a person demanding to be removed from detention</li> <li>reminding a person the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply</li> <li>responding to requests from security to address compliance issues</li> <li>answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do</li> <li>seeking assistance from security or Victoria police to support compliance efforts</li> <li>facilitating any reasonable requests for communication. <b>For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is</b> REDACTED</li> </ul>		202, 203(1)
Permissions	3. See Section 0 (Permissions). 4. Raise requests for permission to leave with the Senior AO if there is not an authorised area for the detainee to exercise the permission or there is complexity in applying the transition (e.g. requires leaving the hotel site). All requests by detainees to leave the hotel site must be escalated to Deputy Command AO operations if not already approved. 5. Administer permission to leave and monitor compliance.		203(1)
Exemptions	6. See Section 6 (Exemptions). 7. Raise any exemption requests with Senior AO in the first instance. The Senior AO may make an exemption request through the Compliance App [or may request the AO to do so] for consideration. <b>Criteria for consideration is:</b> <b>i) detainee may be unsafe in the hotel environment</b>		200(2),200(4) and 203(1)

	<p><b>ii) cannot accommodate detainees needs in the hotel</b></p> <p>8. Issue Direction and Detention Notices for detention in alternate locations if ECC Commander approves an exemption request. In this case, a case manager from the Exemptions Team will contact the AO with details. <b>Before issuing notice, explain reasons for detention and warn that refusal to comply is an offence.</b></p>		
Records	<p>9. Notes of any communication or engagement with the detainee should be made in the contact log section of the Compliance app</p> <p>10. Record all permissions in the permissions section of the COVID Compliance App.</p> <p>11. Take photos of all amended or reissued direction notices issued while at the hotel using the Compliance App.</p>		
Other issues	<p>12. Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</p> <p>13. If an emergency occurs with a detainee, follows the emergency procedure and alert the Team Leader and the Senior AO.</p> <p>14. The Senior AO is to ensure the Deputy Commander AO operations and the ECC Commander is alerted to all emergencies. Where a matter may lead to an exemption being required, they should also alert the Exemptions team</p>		

## 5.5 Emergency health and welfare incidents

Where there is an immediate health and welfare issue identified at the hotel, the following process is to be followed.

**Figure 2. Emergency Workflow**



## 5.6 Clarity about role of AO

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Activities outside the scope of the role of the AO include:

- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Emergency Operations Command at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email “Referral to organise transport”
- physically moving COVID-19 patients. Please see procedure under ‘Occupational Health and safety’
- retrieving luggage
- food quality
- inspecting care packs, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats. This includes providing any advice in relation to these inspections
- arranging accommodation for any detainee leaving the hotels
- monitoring or ordering PPE or other supplies.

If an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer them to the DHHS Team Leader on-site for follow up. For medical and welfare issues, the AO should inform on-site medical and nursing staff in accordance with section 5.5 above.

## 5.7 Daily review and reporting by the AO Review Team

The daily review is a mandatory obligation to determine whether continued detention of a person is reasonably necessary to eliminate or reduce a serious risk to health. There are mandatory obligations for the AO to inform the Chief Health Officer (CHO) and the CHO to inform the Minister. This is the responsibility of the Deputy Command AO Operations who will be aided by the AO operations support team in fulfilling this task.

**Table 7. Key steps and AO Review Team roles and responsibilities – daily review**

Step	AO Review Team roles and responsibilities	Mandatory obligation	Section (PHWA)
Daily review	1. AO operations support Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.	Yes	S 200(6)
Review checks	2. Undertake an electronic review of detainment arrangements by viewing the COVID-19 Compliance Application. This includes: <ul style="list-style-type: none"> <li>• reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours)</li> <li>• reviewing the number of detainees present at the hotel</li> <li>• reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to</li> <li>• noting individuals who have been tested and cleared of COVID-19 by Public Health Command while in detention.</li> </ul>		



	<ul style="list-style-type: none"> <li>• Noting any exemptions issued or concerns raised with any detainee</li> </ul> <p>3. Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health.</p> <p>4. Consider the human rights being impacted – refer to ‘Charter of Human Rights’ obligations in Appendix 16</p> <p>5. Consider any other issues that have arisen.</p>		
Review considerations	<p>6. Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detention.</p> <p>7. Consider that detention is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria.</p> <p>8. Consider any other relevant compliance and welfare issues, such as:</p> <ul style="list-style-type: none"> <li>• person’s health and wellbeing</li> <li>• any breaches of self-isolation requirement</li> <li>• issues raised during welfare checks (risk of self-harm, mental health issues)</li> <li>• actions taken to address issues</li> <li>• a person having been tested and cleared of COVID-19 while in detention</li> <li>• any other material risks to the person.</li> </ul>		
Possible release from detention	<p>9. Review could identify that detention may no longer be required. These matters will be provided to the Deputy Command Policy and Exemptions for further consideration.</p>		
Prepare brief (Minister)	<p>10. Complete template brief from CHO to Minister to advise of notice received about detention and review. The brief will serve as a written notice that:</p> <ul style="list-style-type: none"> <li>• a person has been made subject to detention</li> <li>• following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.</li> </ul> <p>11. The notice to the CHO must include:</p> <ul style="list-style-type: none"> <li>• the name of the person being detained</li> <li>• statement as to the reason why the person is being, or continues to be, subject to detention.</li> </ul>	Yes	Sections 200(7) and (8) Section 200(9)

	<p>12. Deputy Command AO operations to review and approve the Review and Brief</p> <p>13. Report to be sent to Public Health Command, cc to ECC Commander and Deputy Command Policy and Exemptions.</p>		
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## 5.8 Departure – release from mandatory detention

The purpose is to ensure and confirm the person being detained:

- i. has completed their period of detention under the Direction and Detention notice
- ii. is released in a timely and orderly manner.

### 5.8.1 Pre-check out

In the days leading up to release the AO Operations support team will work with DJPR, the EOC and Public Health Command to identify the detainees to be released, the exit times for the detainees and whether any detainees are required to be issued a non-general end of detention notice as a result of any COVID-19 testing completed during the quarantine period. The release notices are to be prepared in accordance with the policy in Appendix 9

The Operations Support team will print out release notices for all detainees as well as an exist sheet and will arrange for these to be delivered to the relevant hotels.

Prior to release of a person being detained, DHHS (with the help of hotel security) will provide each person being detained with either:

1. An End of Detention Notice, Appendix 10;
2. An End of Detention Notice (confirmed case not cleared infection), Appendix 11
3. An End of Detention Notice (close contact), Appendix 12
4. An End of Detention Notice (symptoms of respiratory illness), Appendix 13
5. An End of Detention Notice (continued detention) Appendix 14

These notices provide information about the discharge process and the obligations of the detainees.

**Continued detention will only be applied where a detainee who normally reside interstate is symptomatic and a close case or confirmed and refuses to remain in Victoria. The decision to continue to detain an individual will be made by the EC Commander in consultation with legal and the PH Commander**

### 5.8.2 Health check

Health checks will be undertaken by medical staff on the second last day prior to the 14-day period ending to make an assessment of whether each person being detained is well, symptomatic or positive.

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day detention period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and will be required to self-isolate (as is required as of all members of the community).

- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to COVIDquarantine@dhhs.vic.gov.au for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form.
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

### **5.8.3 Day of release**

Security will provide detainees approximately 1 hour notice of their exit time. Security will then bring detainees down at their scheduled exit time.

### **5.8.4 Check-out process overview (compliance check-out)**

The release process will consist of an organised check-out procedure (the compliance check-out). This means people being detained will be released in stages throughout a set time period on the day of release.

COVID-19 cases and suspects require a separate check-out time. Extra infection control measures such as PPE will need to be implemented.

Security will bring travelling parties down to reception in stages to complete the check-out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.

**Table 8. Key steps, roles and responsibilities at check-out (AO role unless specified)**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notification of COVID-19 cases of close contacts	<ol style="list-style-type: none"> <li>1. ECC Operations Support Team, to inform AO of cases and close contacts confirmed COVID-19 case, suspects, COVID-19 cleared or close contacts. Public health will have contacted each detainee in these categories to discuss arrangements post detention.</li> <li>2. AO to note and to inform security that COVID-19 cases and suspects will need separate check-out time and implement extra precautionary measures.</li> </ol>		
Check-out	<ol style="list-style-type: none"> <li>3. Request to see identification (passport) and the End of Detention notice from each person</li> <li>4. Cross check the person's identification details and room number with information on exit sheet</li> <li>5. Sign the End of Detention notice, take photo through the <b>COVID-19 Compliance Application</b> which will automatically note the detainee as released.</li> <li>6. Provide End of Detention notice back to the person.</li> <li>7. Confirm the period of detention and explain detention period has ceased.</li> <li>8. Confirm self-isolation requirements for all confirmed COVID cases.</li> <li>9. Detainee to sign discharge exit sheet as evidence they have received a notice and have been discharged.</li> </ol>		
Record	<ol style="list-style-type: none"> <li>10. All exit sheets are to be returned to the Operational Support team as soon as possible</li> </ol>		

**Where a person has been COVID-19 cleared, their detention release must be accompanied with a COVID-19 Clearance letter provided by Public Health Command. This will be included in the release pack prepared by the AO Operations Support team.**

## 6 Exemption requests

### 6.1 Key points

- AOs must be aware of how requests for exemption from detention are escalated.
- DHHS case manager from Exemptions Team will liaise with Senior AO regarding approved exemption request.

### 6.2 Exemption requests – overview

In limited circumstances, approval may be sought to undertake detention in another location, transit to another state/country or early release. **Generally, exemptions are not granted.**

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. **The Enforcement and Compliance Commander** is responsible for approving and granting approvals to alter the way in which mandatory quarantine applies in accordance with Appendix 23 *Guidance Note – Exceptions to the General Quarantine Policy*.

While each exemption request must be considered on its own merits, the following circumstances have been identified as open for consideration of early release or change of detention location. These include:

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country – The diplomatic status that Australian citizens have in other countries does not apply in Australia, so Australians with diplomatic status must undertake mandatory detention for 14 days in a designated hotel
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew including medevac crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

Supporting evidence, such as report from a medical practitioner, may need to be provided before an exemption request is considered.

**Any approval must consider the public health risk and ensure the individual is not showing symptoms of COVID consider if the person may be released into an environment where a highly vulnerable person may be a close contact.**

## 6.3 Exemption requests – general approach

Exemptions for medical, welfare and compassionate grounds will be considered in exceptional and case-by-case circumstances where:

- the needs of the individual are unlikely to be able to be met within the hotel
- the public health risks are outweighed by the risks of continuing to detain the individual in hotel detention.

For an individual seeking exemption prior to entering the hotels, there must be supporting evidence from a suitable expert or treating practitioner regarding the illness, welfare or compassionate concerns. It also must be clear that the needs of the individual cannot be met in hotel detention.

For an individual seeking exemption while already within a hotel, welfare staff, nurses or the Complex Assessment and Response Team (CART) should assess the individual. This assessment along with any recommendation from a treating practitioner will inform consideration of an exemption.

Table 9 outlines the key steps for processes requests for exemptions based on medical, welfare and compassionate grounds.

**Table 9. Exemptions case management process**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Request and triage	<ol style="list-style-type: none"> <li>1. Exemption Team receives a request for exemption through CRM system<sup>5</sup></li> <li>2. If request come through another channel, triage officer must enter information into the CRM</li> <li>3. The triage officer should review the available information as assess if the case should be considered based on <ul style="list-style-type: none"> <li>• If the detainee would be unsafe in the hotel environment or</li> <li>• Their needs can't be accommodated in the hotel</li> <li>• permissions are sufficient.</li> </ul> </li> <li>4. If the triage officer believes the case should be considered they will allocate a case manager. The case manager should contact the requestor to advise them their request is being considered.</li> <li>5. Recommendations to not consider the case will need to be approved by the Exemptions manager.</li> </ol>		

<sup>5</sup> An onsite nurse or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted

	<p>6. If the manager agrees the request should not be considered the triage officer should advise the requestor within 12 hours in writing.</p> <p>7. If the Manager is of the view the case should be considered, they will allocate to a case manager.</p>		
Case management (Assessment and decisions)	<p>8. Case manager will need to consider the nature of the request to determine whether it should be approved. The case manager should first and foremost consider the public health risk and how the need of the detainee may be met within the hotel environment through permissions, health and welfare support a carer joining the individual or providing addition supplies. The case manager should have regard to the</p> <ul style="list-style-type: none"> <li>• Current policy</li> <li>• Precedent</li> <li>• Medical information provided</li> <li>• Position of other jurisdictions if interstate travel is required</li> </ul> <p>9. In some cases further validation of a detainees condition and needs will be required. This may be achieved by:</p> <ul style="list-style-type: none"> <li>• Discussions with the treating practitioner or health team</li> <li>• Assessments by the CART team</li> <li>• Consultation with Mental Health Branch</li> </ul> <p>10. Complex cases should be discussed early at the daily complex case meeting with the EC Commander.</p> <p>11. Should a case be considered for detention in an alternative location, the case manager should identify if there is a suitable alternative location that would enable the detainee to meet the required conditions. In particular the location should not house any vulnerable individuals or a large number of people.</p> <p>12. A recommendation should be reviewed by the manager and then submitted to the EC Commander for approval.</p> <p>13. In particularly complex cases the EC Commander may seek further approval from the Public Health Commander.</p>		

	14. Once approve the case manager will be required to complete the required documentation to action the decision.		
Case closure (Exemptions team)	15. Depending on the nature of the request, the exemptions case manager may need to alert the following of the outcome: <ul style="list-style-type: none"> <li>inform requestor</li> <li>inform the Senior AO at airport or hotel, Deputy Command AO operations, OpSoteria EOC, hotel Team Leader and CART team if required</li> <li>Airport operations at <a href="mailto:Northandwest.eoc@dhhs.vic.gov.au">Northandwest.eoc@dhhs.vic.gov.au</a></li> <li>inform Victoria Police arrange for compliance oversight</li> <li>contact other jurisdictions (if transiting through Victoria)</li> <li>upload release or exemption letter in COVID-19 Compliance Application.</li> </ul>		
AO to issue Notice of Direction and Detention	16. Following confirmation with the Hotel Team Leader of any arrangements, the AO will: <ul style="list-style-type: none"> <li>Issue the required documentation</li> <li>Provide any information required associated with the documentation</li> <li>Take a photo of the signed documentation under the release section of the compliance app.</li> </ul>	Yes	200(2) and (4) 203(1)

## 6.4 Unaccompanied minors

Unaccompanied minors will be considered on a case-by-case basis. If an unaccompanied minor is detained in a hotel without a parent or guardian, a specific process must apply.

In general, there is a presumption that there are no exemptions granted to mandatory detention. The issues associated with mandatory detention of unaccompanied minors include:

1. where this occurs, and
2. with what adult supervision.

The State can issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. However, this is not preferred because of the welfare obligations imposed.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 8.



Table 10 outlines four options and corresponding policy principles.

**Table 10. Options for unaccompanied minors and policy principles**

Options	Guiding principles
Detention at hotel with parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. In this case, an exemption is not granted. The carer is provided with a copy of the letter found in Appendix 4 in order to detain them.
Detention in another state or territory	For minors who reside interstate, parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if a parent or guardian cannot join the minor, an exemption can be granted to allow an unaccompanied minor to transit interstate.
Detention at an alternate location with a parent or guardian	Parents or guardians are strongly encouraged to join the unaccompanied minor in detention. However, if parent or guardian cannot join the minor, an exemption can be granted to allow the unaccompanied minor to undertake detention at an alternate location with parent or guardian.
Detention in hotel with DHHS welfare support (overnight stay for international transit)	Parent or guardians are encouraged to book flights without overnight layover in Victoria.  If not possible, unaccompanied minor are permitted one overnight stay before transitioning to an international flight.

### 6.4.1 Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- if it is after hours, contact the after-hours child protection team on 13 12 78 if the AO thinks a child may be harmed, and Victoria Police on 000 if the immediate safety of a child is at risk.

## 6.5 International transit

### 6.5.1 Immediate transits within 8 hours

Individuals who are on a connecting international flight that leaves within 8 hours of arrival are not to be detained. The AO should check they are not displaying any symptoms of COVID and have a ticket for an onward flight within 8 hours. The AO should record the traveller as being in transit in the Compliance app and direct them to the appropriate waiting areas airside. Transit passengers should not go landside at the airport. They do not require any documentation.

### 6.5.2 Transits longer than 8 hours

If travellers are on the ground for more than 8 hours they will be detained.

Prior to release the AO will be required to check that the detainee is not showing symptoms of COVID and confirm they have a ticket for an international flight. This should be recorded in the Compliance App along with a copy of the release notice (Appendix 18).

Following release, the detainee must be escorted to the airport by Airport operations to ensure they minimise any potential contamination.

Travellers not be allowed to travel domestically to catch an onward international flight.

## 6.6 Compassionate interstate travel

Interstate travel is not permitted except in exceptional health and compassionate circumstances. These are generally limited to:

- Receiving specific health treatment in another state that cannot be provided in Victoria
- Visiting a terminal family member
- Attending a funeral of a close family member

In each of these circumstances the receiving jurisdiction must approve the transit and the detainee will be subject to any quarantine arrangements required by the receiving jurisdiction.

The letter in Appendix 19 is used.

## 6.7 Foreign diplomats

Foreign diplomats are exempt from mandatory 14-day detention. Australian diplomats must undertake mandatory detention upon arriving in Victoria from an international location.

Foreign diplomats (and any family members) should travel immediately to their place of residence via private or rental vehicle and self-isolate for 14 days. The exemptions team will prepare a letter for the foreign diplomat and their family confirming they are not required to complete 14-day mandatory detention (Appendix 20).

Where a foreign diplomat needs to defer travelling to their usual place of residence, the diplomat (and any family members) should stay in a designated quarantine hotel. They should be transported to and from the airport via organised transport, or via a private or rental vehicle and are issued a letter regarding staying in a quarantine hotel (Appendix 21)

## 6.8 Maritime Crew

The DHHS *Border health measures policy summary* of 18 May 2020 summarises a broad range of circumstances and corresponding risk-based policies regarding travellers and crew arriving at airports and seaports. A summary of the circumstances and policies relating to maritime crew is Appendix 17.

As a guiding principle, maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to a Direction and Detention Notice and must be detained in a designated hotel for a 14-day period (unless an exemption applies).

- Where a vessel is leaving the country, crew may leave the hotel to board the vessel no earlier than 48 hours before the vessel is due to leave to enable handovers.
- Where a vessel is remaining in Australian waters its crew must do 14 days quarantine
- Where disembarking crew are leaving the country, they may leave the vessel and travel immediately to the airport to depart. They may shelter on land for 24 hours before a flight. If they are required to be on land for longer, they must go to a quarantine hotel until they are ready to leave the country.

- Disembarking crew that live in Australia must go into hotel quarantine unless they did 14 days quarantine prior to boarding the vessel and no other international crew joined the vessel.
- Crew may leave a vessel to seek medical treatment.

## 7 Permissions

### 7.1 Key points

- AOs can make decisions in consultation with their Senior AO or Deputy Commander AO Operations for simple requests.
- AO must complete a permission for temporary leave form and enter details in COVID-19 Compliance Application.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

- for the purpose of attending a medical facility to receive medical care
- where it is reasonably necessary for physical or mental health
- on compassionate grounds
- emergency situations.

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at Appendix 6.

### 7.2 AO to make decisions on certain permission requests on case-by-case basis

An AO in consultation with their Senior AO or Deputy Commander AO operations can make certain straightforward decisions about the following scenarios on a case-by-case basis:

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with).
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

Not all leave requests can be accommodated and may be site and resource dependent. Any arrangement for leave would need to meet public health, human rights requirements and balance the needs of the person.

It is expected that those with medical needs, seeking to attend a funeral or with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave (refer to Table 11 for further details).

If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately. The emergency escalation process should be followed (see section 5.5). The Hospital information sheet should be provided to the driver of the vehicle to hand to the medical facility.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport".

**Table 11. Key steps, roles and responsibilities for temporary leave**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Assess site for suitability	<ol style="list-style-type: none"> <li>1. Senior AO to assess site for suitability of exercise and fresh air breaks.</li> <li>2. AO to consider safety and security and obtain agreement from Security and DHHS Team Leader on suitable site</li> <li>3. Site Map to be put on the Team Sharepoint site and attached as an attachment to this protocol following Deputy Command AO Operations approval.</li> </ol>		
Request for temporary leave	<ol style="list-style-type: none"> <li>4. Person may seek permission directly from the AO and explain the grounds for temporary leave</li> </ol>		
AO assessment and decision	<ol style="list-style-type: none"> <li>5. AO to make decision and consider: <ul style="list-style-type: none"> <li>• those that require exercise or fresh air break or those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks)</li> <li>• willingness and availability of security to oversee and facilitate exercise or other fresh air breaks (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly)</li> <li>• site layout, safety and capability to ensure persons are in a cordoned off area</li> <li>• maintaining infection control, such as ensuring persons do not touch door handles or lift buttons</li> <li>• adherence to exercise and smoking procedures.</li> </ul> </li> <li>6. In considering a request for a person to visit a terminally ill family member in hospital, the AO will need to first check whether the medical facility will accept the person, noting the Hospital Visitors Direction.</li> </ol>		
Issue permission for temporary leave	<ol style="list-style-type: none"> <li>7. AOs to: <ul style="list-style-type: none"> <li>• instruct security on the dates and times permitted for leave</li> <li>• provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not accessed by members of the public</li> </ul> </li> </ol>		s.203(1)

	<ul style="list-style-type: none"> <li>• request the medical facility or hospital inform the AO prior to return (for medical temporary leave)</li> <li>• prepare a Permission for Temporary Leave from Detention form (see Appendix 5), and issue to the detainee and explain the leave obligations. For example: <ul style="list-style-type: none"> <li>- a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes</li> <li>- an exercise break is for a certain time and the person must return to their room following exercise or fresh air break.</li> </ul> </li> <li>• warn the person that failure to comply with these directions is an offence</li> <li>• ensure the person checks back into the hotel at specified time</li> <li>• seek feedback on implementation of temporary leave and note any issues raised.</li> </ul>		
Permissions for hospital treatment	<p>8. AO should facilitate any permissions required for medical treatment. Where possible and end time should be recorded on the notice and app. Where an end time is not clear, the permission should note the detainee can only return on medical release.</p> <p>9. A permission for medical treatment should not extend beyond 24 hours. Should a detainee be required to be admitted to the facility, a change of location detention notice should be issued following approval by the Deputy Command AO Operations. If the detainee returns to the hotel a new detention notice should be issued for the remainder of the 14 days. The AO should actively monitor that a detainee has returned within the 24 hour period.</p> <p>10. When issuing a permission, the AO should also provide the hospital information sheet with contact details for Hotel team leader and Deputy Command AO operations.</p> <p>11. If a medical facility wishes to release the detainee to a location outside of the hotel, the Deputy Command AO operations must obtain approval from EC Command.</p>		
Compliance	<p>12. If the AO is of the view the detainee may not comply with conditions of the permission, an escort must be arranged to travel with the individual. This is a particular consideration where a person may be visiting a home</p>		

	<p>environment where other non-palliative people will be present. Highly vulnerable people cannot be in the same immediate environment as the detainee</p> <p>13. Permission cannot be granted for more than 2 hours on the basis that physical distancing is observed. If physical distancing is not likely to be observed and there is likely to be close contact, the detainee must be limited to 15 minutes.</p> <p>14. If the detainee does not comply with the permission conditions, further permissions may not be granted.</p>		
Record	15. If AO approves leave be granted, the AO must enter details in COVID-19 Compliance Application.		

## 7.3 Emergency situations

**Table 20: Key steps, roles and responsibilities for emergency leave**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Determine risk	1. AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.		
Evacuation	<p>2. Assist with immediate evacuation to common assembly point</p> <p>3. Contact Victoria police, emergency services and Deputy Commander AO operations to support</p> <p>4. Promote infection prevention and control and physical distancing principles if possible</p> <p>5. Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application</p>		

## 7.4 Procedure for a person in detention / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## 7.5 Guidance for safe movement associated with permissions

### 7.5.1 Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based hand sanitiser as they leave, this will require hand sanitiser to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- Return immediately to their hotel room following the break.

### 7.5.2 Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water before each break;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

### 7.5.3 Infection control considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.



**In addition:**

Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.

They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.

Smokers can take up to 2 breaks per day if staffing permits.

Rostering to be initiated by the departmental staff/AO present.

## 8 Compliance

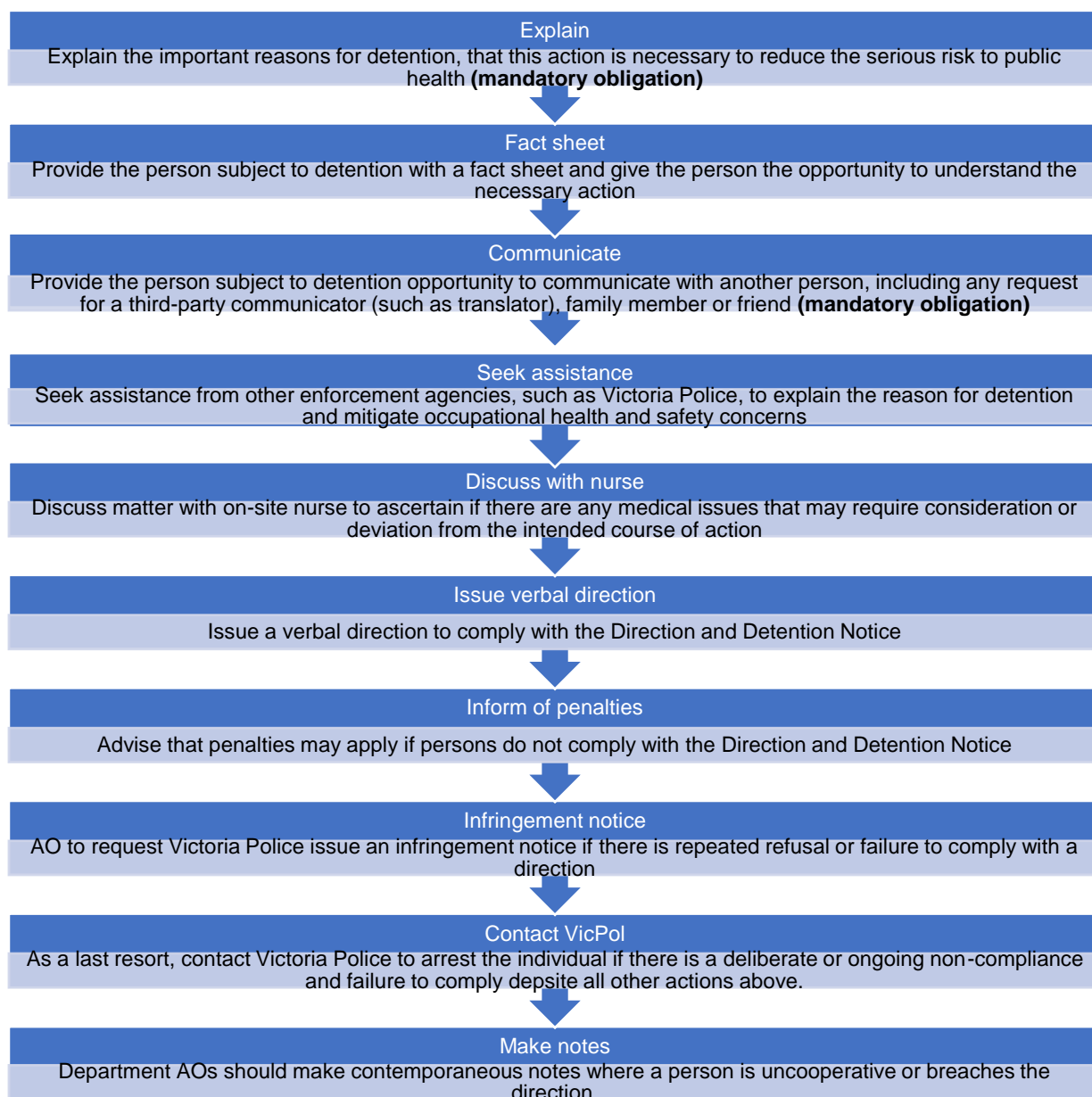
### 8.1 Key points

- AOs to apply a graduated approach to compliance.
- Police and security can assist in compliance and enforcement activities

### 8.2 Options to facilitate compliance

AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## 8.3 Unauthorised departure from accommodation

**Table 12. Key steps, roles and responsibilities for managing unauthorised departure from accommodation**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	1. AO to notify Senior AO, on-site security and hotel management and request search.		
Contact Victoria police and Deputy Commander	2. AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.		
Identification and compliance	3. If the person is located, AO to: <ul style="list-style-type: none"> <li>• seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave</li> <li>• provide an opportunity for the person to explain the reason why they left their room</li> <li>• assess the nature and extent of the breach, for example: <ul style="list-style-type: none"> <li>- a walk to obtain fresh air</li> <li>- a deliberate intention to leave the hotel</li> <li>- mental health issues</li> <li>- escaping emotional or physical violence.</li> </ul> </li> <li>• consider issuing an official warning or infringement through Victoria Police</li> <li>• reassess security arrangements.</li> </ul>		s.203(1)

## 8.4 Infringements

There are four infringement offences applicable to detention arrangements. These are:

**Table 13. List of infringements**

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 penalty units for a natural person and 30 penalty units for a body corporate without a reasonable excuse).	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 60 PU body corporate

s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a power under an authorisation given under s.199 (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 60 PU body corporate
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## 9 Occupational health and safety (OHS) for Authorised Officers

The purpose of this section is to provide an occupational health and safety procedure for AOs when attending off site locations during the current State of Emergency.

### 9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the Senior AO or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

### 9.2 Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

### 9.3 OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with the rostered AO Team Leader.

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

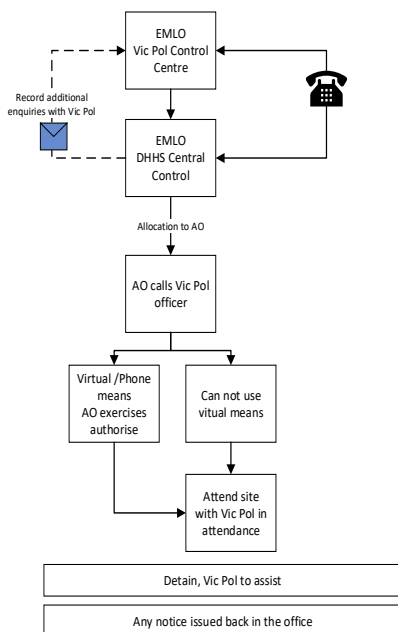
### 9.4 Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your Senior AO or Deputy Commander AO operations.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## 9.5 Risk assessment before attendance -Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer and a Senior AO or the Deputy Commander AO operations or DHHS management.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measures to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

## 9.6 Personal measures to reduce risk the risk of exposure to COVID

### 9.6.1 General

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible. For example,:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your Senior AO for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitiser.

### 9.6.2 AOs going onto floors of hotel

AOs going onto hotel floors with persons subject to detention must wear a surgical mask. There will be surgical masks for AO's at the hotels.

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### 9.6.3 Relocating a confirmed case of COVID-19

All COVID-19 confirmed cases will be transferred to a COVID-19 hotel. The AO should amend the detention notice with the new location details prior to the detainee leaving the premises. Gloves and mask should be worn when amending the notice and advising the detainee of the amendment.

Companions of the confirmed COVID-19 case may wish to remain with the confirmed COVID-19 detainee and transfer to the COVID-19 hotel. Their detention notice will also need to be amended.

Transfer of the detainee is the responsibility of the EOC.

**The room or location change must be recorded in the compliance app by the AO.**

## 9.7 Measures and guides to enhance occupational health and safety

**Table 14. Using Personal Protective Equipment**

<b>PPE/measure</b>	<b>Guide</b>
Single-use face mask (surgical mask)	When there is suspected or confirmed case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

**Table 15. Known risks and hazards**

<b>Hazard</b>	<b>Risk</b>	<b>Mitigate</b>
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police or with security.
Other infectious agents		Follow personal protective measures

### 9.7.1 COVID-19 testing for Authorised Officers

Should an AO need to be tested for COVID-19, the AO should ask that their test to be marked urgent given the critical front-line response work.



# Appendix 1. Direction and Detention notice

## DIRECTION AND DETENTION NOTICE

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

### 1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 11 May 2020.
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the Act), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because, having regard to the medical advice, that detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) You must comply with the directions in clause 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (6) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

### 2 Place and time of detention

- (1) You will be detained at:
 

**Hotel:** \_\_\_\_\_ *(to be completed at place of arrival)*

**Room No:** \_\_\_\_\_ *(to be completed on arrival at hotel)*
- (2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020  
*(to be completed at place of arrival)*

### 3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

### 4 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless:

- (a) you have been granted permission to do so:
    - (i) for the purposes of attending a medical facility to receive medical care; or
    - (ii) where it is reasonably necessary for your physical or mental health; or
    - (iii) on compassionate grounds; or
  - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.
- Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

#### 5 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

#### 6 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

REDACTED

Name of Authorised Officer: Dr. Annaliese van Duijnen

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 2. Script for plane/arrival

### **Required script before issuing a direction and detention notice**

*My Name is XXXX, I work for the Department of Health and Human Services Victoria and I am an Authorised Officer under the Public Health and Wellbeing Act. I am also authorised for the purposes of the emergency and public health risk powers in Victoria's current State of Emergency.*

*Please be advised that a State of Emergency has been declared in Victoria because of the serious risk to public health posed by COVID-19 virus.*

*Because you have arrived in Victoria from overseas, when you disembark off this plane you will be issued with a direction and detention notice, which requires you to quarantine for a 14-day period at the hotel nominated on the notice.*

*People who have been overseas are at the highest-risk risk of infection with COVID-19 and are one of the biggest contributors to the spread of COVID-19 in Victoria. Therefore, you will be detained in a hotel for 14 days because that is reasonably necessary to reduce or eliminate the serious risk to public health posed by COVID-19.*

*Please be advised that refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.*

*Once you have been issued with the notice, please keep it with you at all times.*

*We greatly appreciate your co-operation and assistance in these challenging times. Thank you again.*

## Appendix 3. Detention notice for unaccompanied minors

### DIRECTION AND DETENTION NOTICE SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*  
Section 200

#### 1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 2020.
- (2) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID -19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID -19 as a result of your overseas travel.
- (6) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (7) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

#### 2 Place and time of detention

- (1) You will be detained at:
 

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)
- (2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

#### 3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

#### 4 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless:
  - (a) you have been granted permission to do so:
    - (i) for the purposes of attending a medical facility to receive medical care; or
    - (ii) where it is reasonably necessary for your physical or mental health; or
    - (iii) on compassionate grounds; or
  - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.
 

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

#### 5 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

#### 6 Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

- (a) We will check on your welfare throughout the day and overnight.
- (b) We will ensure you get adequate food, either from your parents or elsewhere.
- (c) We will make sure you can communicate with your parents regularly.
- (d) We will try to facilitate remote education where it is being provided by your school.
- (e) We will communicate with your parents once a day.

**7 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

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**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 4. Letter for carer to join detention

Dear [insert name]

In accordance with section 198 of the *Public Health and Wellbeing Act 2008 (Act)*, a state of emergency has been declared in Victoria as a result of the serious risk to public health posed by COVID-19.

In order to mitigate this public health risk, the Victorian government has introduced a quarantine period for people arriving in Victoria from overseas.

I note that [insert name of persons in hotel detention that are being joined by the kinship carer] have been issued with a direction and detention notice on [insert] under section 200(1)(a) of the Act.

You have agreed to be detained in quarantine with the above persons who have arrived from overseas in [insert hotel name], to provide kinship care and support.

In these circumstances, you will be subject to quarantined in accordance with the attached direction and detention notice issued under section 200(1)(a) of the Act, which sets out the terms and conditions of your period of quarantine.

Yours sincerely

**Authorised Officer**

[insert date]

## Appendix 5. Permission for temporary leave

### PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

#### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

#### 1 Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020 or 11 May 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention ( **Permission**) is made under paragraph 4(1) of the Notice.

#### 2 Reason/s for, and terms of, permission granting temporary leave

- (1) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:
  - (a) for the purpose of attending a medical facility to receive medical care:
 

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_
  - (b) where it is reasonably necessary for physical or mental health:
 

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_
  - (c) on compassionate grounds:
 

**Detail grounds:** \_\_\_\_\_
- (2) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_



*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

### 3 Conditions

- (1) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (2) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (3) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (4) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (5) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (6) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (7) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.
- (8) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### 4 Specific Details

- (1) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).
- (2) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the period of time noted at paragraph 2 of this Permission.
- (3) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

**5 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

**Annexure 1: Additional conditions *[if applicable]***

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## Appendix 6. Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

- **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for the person’s physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

- **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide the Permission to the person, provide them with time to read the Permission and take a photo of the Permission for the department’s records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

- **What are the requirements when you are granting a permission to a person under the age of 18?**

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person’s status as a child.

- **What other directions can you give?**

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### **What are your obligations when you require compliance with a direction?**

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 7. Guidance: Exemptions under Commonwealth law

Please note that Victoria may vary from this guidance



## Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

### Aviation crew

#### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

#### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

#### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)  
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

## Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

## Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

## Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

## Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

## Appendix 8. Guidance note: unaccompanied minors

### Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

### Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

### How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

### Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:



- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of

communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.



**Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

## Appendix 9. Policy guiding release notices

Table 2. Management based on outcomes of Day 11 routine testing

		Staying in Victoria on exit	Leaving Victoria on exit (interstate or international)
Negative result	Asymptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> </ul>
	Symptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> <li>• Advise to stay at home until symptoms have resolved for 72 hours</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Allow to exit detention</li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to travel interstate</li> <li>• Advise to stay at home until symptoms have resolved for 72 hours</li> </ul>
Positive result	All cases	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (confirmed case)</li> <li>• If the person has more than 24 hours left in mandatory quarantine before they are due to exit, they should be transferred to the COVID hotel (Rydges) for the remainder of the quarantine period.</li> <li>• If the person is due to exit to home within 24 hours of receiving the positive test result, the decision to transfer to the COVID hotel (Rydges) should be made on a case-by-case basis, and exiting from their current hotel to home on Day 14 may be the more appropriate arrangement.</li> <li>• When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> <li>– Victorians who are still infectious (who have not yet met the department's criteria for release from isolation of a</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (confirmed case)</li> <li>• <b>Must not travel interstate</b></li> <li>• When the 14-day mandatory quarantine period is complete: <ul style="list-style-type: none"> <li>– Individuals from interstate who are still infectious (who have not yet met the department's criteria for release from isolation of a confirmed case) are permitted to isolate at an identified residence in Victoria, if they can do so safely and appropriately</li> <li>– Individuals from interstate who cannot safely isolate at an alternative residence in Victoria may continue to isolate at the COVID hotel (Rydges) until they meet the</li> </ul> </li> </ul>

		<p>confirmed case) are permitted to isolate at home, if they can do so safely and appropriately</p> <ul style="list-style-type: none"> <li>– Victorians who cannot safely isolate at home may continue to isolate at the COVID hotel (Rydges) until they meet the department's criteria for release from isolation of a confirmed case</li> <li>• Transport of positive cases (to home or to the COVID hotel) should be by Non-Emergency Patient Transport (NEPT)</li> <li>• Positive cases should wear PPE while in transit</li> </ul>	<p>department's criteria for release from isolation of a confirmed case</p> <ul style="list-style-type: none"> <li>• Transport of positive cases (to the COVID hotel or to other appropriate accommodation in Victoria) should be by NEPT</li> <li>• Positive cases should wear PPE while in transit</li> <li>• If there are concerns that the person will not safely isolate in Victoria, a further Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal</li> </ul>
	Asymptomatic	<ul style="list-style-type: none"> <li>• If a person is currently asymptomatic and has no history of symptoms in the past 14 days, then the test date will be taken as a proxy for a symptom onset date (day 0) and they will be required to isolate for 10 days from this date.</li> </ul>	<ul style="list-style-type: none"> <li>• If a person is currently asymptomatic and has no history of symptoms in the past 14 days, then the test date will be taken as a proxy for a symptom onset date (day 0) and they will be required to isolate for 10 days from this date.</li> </ul>
	Symptomatic	<ul style="list-style-type: none"> <li>• If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case</li> <li>• Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> <li>– the person has been afebrile for the previous 72 hours, <b>AND</b></li> <li>– at least <b>ten days</b> have elapsed after the onset of the acute illness, <b>AND</b></li> <li>– there has been a noted improvement in symptoms, <b>AND</b></li> <li>– a risk assessment has been conducted by the department and deemed no further criteria are needed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If a person is symptomatic, the isolation period will be determined as per the department's criteria for release from isolation of a confirmed case</li> <li>• Release from isolation will be actively considered when ALL the following criteria are met: <ul style="list-style-type: none"> <li>– the person has been afebrile for the previous 72 hours, <b>AND</b></li> <li>– at least <b>ten days</b> have elapsed after the onset of the acute illness, <b>AND</b></li> <li>– there has been a noted improvement in symptoms, <b>AND</b></li> <li>– a risk assessment has been conducted by the department and deemed no further criteria are needed</li> </ul> </li> </ul>
<b>Results pending</b>	Asymptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> <li>• All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Allow to exit detention</li> </ul>

		<ul style="list-style-type: none"> <li>DHHS should ensure the test result, positive or negative, is provided to the person</li> </ul>	<ul style="list-style-type: none"> <li>All persons exiting mandatory quarantine who have COVID-19 test results pending should be advised to isolate until the test result is known</li> <li>DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department</li> </ul>
	Symptomatic	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions</b></li> <li>Issue End of Detention Notice (respiratory symptoms)</li> <li>Allow to exit detention</li> <li>Victorians who can safely isolate at home must do so until the test result is known</li> <li>Transport by NEPT, should wear PPE while in transit</li> <li>Victorians who cannot safely isolate at home or other appropriate accommodation may continue to isolate at the quarantine hotel until the test result is known</li> <li>DHHS should ensure the test result, positive or negative, is provided to the person</li> </ul>	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>Issue End of Detention Notice (respiratory symptoms)</li> <li><b>Must not</b> travel interstate, must stay in Victoria until test result is known</li> <li>If there is concern that they will not follow this advice, a further Direction and Detention Notice may be issued in consultation with the Public Health Commander and DHHS Legal</li> <li>DHHS will accommodate in quarantine hotel until test result is known, if they have no other appropriate/safe accommodation to isolate in Victoria</li> <li>If required, transport by NEPT and wear PPE while in transit</li> <li>DHHS should ensure the test result, positive or negative, is provided to the person and, if positive, to the relevant state/territory public health department</li> </ul>
<b>Newly symptomatic after Day 11 test</b>		<ul style="list-style-type: none"> <li>Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken</li> <li>Management should be as per the relevant category described above</li> </ul>	<ul style="list-style-type: none"> <li>Where a person develops symptoms after the Day 11 testing, and the Day 11 test result is negative, repeat testing should be undertaken</li> <li>Management should be as per the relevant category described above</li> </ul>
<b>Not tested (declined testing or other reason)</b>	Asymptomatic	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions</b></li> <li>Issue End of Detention Notice (standard)</li> <li>Allow to exit detention</li> </ul>	<ul style="list-style-type: none"> <li><b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>Issue End of Detention Notice (standard)</li> <li>Allow to exit detention</li> </ul>

	Symptomatic	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions</b></li> <li>• Issue End of Detention Notice (respiratory symptoms)</li> <li>• Allow to exit detention</li> <li>• Strongly advise to be tested</li> <li>• Document that they are symptomatic, and that they have been offered and refused testing</li> <li>• If requiring transport, they should go by NEPT and should wear PPE while in transit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Stay at Home Directions until they leave Victoria</b></li> <li>• Issue End of Detention Notice (respiratory symptoms)</li> <li>• Strongly advise to be tested</li> <li>• Document that they are symptomatic, and that they have been offered and refused testing</li> <li>• Each instance must be discussed with the Deputy Public Health Commander for a risk assessment, a further Direction and Detention Notice may be considered, in consultation with the Public Health Commander and DHHS Legal</li> <li>• DHHS will accommodate in quarantine hotel until test is agreed and result known, if they have no other appropriate/safe accommodation to isolate in in Victoria</li> <li>• If required, transport by NEPT and wear PPE while in transit</li> </ul>
<b>Close contact (not tested)</b>	All close contacts	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period</li> <li>• All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence</li> <li>• Close contacts from Victoria are permitted to isolate at home, if they can do so safely and appropriately</li> <li>• DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria</li> <li>• If required, transport by NEPT and wear PPE while in transit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject to the Diagnosed Persons and Close Contacts Direction</b></li> <li>• Issue End of Detention Notice (standard)</li> <li>• Close contacts of confirmed cases must isolate for 14 days since last contact with the confirmed case during their infectious period</li> <li>• All close contacts of confirmed cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence</li> <li>• <b>Must not travel interstate</b></li> <li>• If there is a concern that they will not follow this advice (i.e. if refusing to isolate in Victoria and planning to travel interstate), a new Direction and Detention Notice should be considered, in consultation with the Public Health Commander and DHHS Legal</li> <li>• DHHS will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria</li> </ul>

			<ul style="list-style-type: none"><li>• If required, transport by NEPT and wear PPE while in transit</li></ul>
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# Appendix 10. End of Detention Notice

## END OF DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### 2 Details of Detention Notice

- (1) **Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>
- (2) **Date of Direction and Detention Notice:** <<DETENTION START DATE>>
- (3) **Place of Detention:** <<HOTEL>> <<ROOM>>

### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I have made the following findings:
- (a) you will have served the required detention period by <<DETENTION END DATE>>; and
- (b) you have not started exhibiting any symptoms of COVID-19.
- (3) In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on <<DETENTION END DATE>> at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.
- (5) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit date Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight**
- (6) Although you will no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 6) (**Direction**), as amended or replaced from time to time. Pursuant to the Direction, if you live in Victoria you are required to

travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

- (7) If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.
- (8) In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

#### 4 End of Detention Instructions

- (1) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (2) When leaving detention you **must** adhere to the following safeguards:
- if provided to you, you **must** wear personal protective equipment;
  - you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
  - you **must** where possible, practise physical distancing, maintaining a distance of 1.5 metres from other people; and
  - upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

- (3) Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

#### 5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*



# Appendix 11. End of Detention Notice - confirmed case

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

## END OF DETENTION NOTICE - Confirmed COVID-19 case

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has returned a positive test for COVID-19. Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19 and is transitioning to a suitable premises to self-isolate pursuant to the Diagnosed Persons and Close Contacts Directions

### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### 2 Details of Detention Notice

- (1) **Name of Detainee:** \_\_\_\_\_
- (2) **Date of Direction and Detention Notice:** \_\_\_\_\_
- (3) **Place of Detention:** \_\_\_\_\_ Room
- (4) **Medical Facility:** \_\_\_\_\_  
(if medical care is required)
- (5) **COVID-19 Status (Confirmed):** \_\_\_\_\_ [date of test]

### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have been diagnosed with COVID-19.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:
- (a) You have been confirmed to have COVID -19 and will be required to self - isolate in accordance with the Diagnosed Persons and Close Contacts Directions, as amended from time to time, in a premises that is suitable for you to reside in, or travel directly to a hospital for medical treatment , until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given; and
- (b) You are/are not [*delete as applicable*] ordinarily a resident of Victoria, and have chosen to self-isolate at the following premises:

- your ordinary residence  another premises that is suitable for you to reside in for the purpose of self-isolation

**Address of premises for self-isolation:** \_\_\_\_\_

- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on \_\_\_\_\_ at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to the premises detailed in 3(3)(b).
- (5) Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the *Public Health and Wellbeing Act 2008* currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a serious risk to public health posed by COVID-19. It is essential that you self-isolate in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time,, until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given.
- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

#### 4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises detailed in 3(3)(b) to self-isolate pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises detailed in 3(3)(b), you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises detailed in 3(3)(b), you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

**5 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

## Appendix 12. End of detention notice – Close contact

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

### END OF DETENTION NOTICE – CLOSE CONTACTS

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**The detainee is a close contact of a COVID-19 diagnosed person. Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19 and is transitioning to the premises at which they ordinarily reside to self-quarantine pursuant to the *Diagnosed Persons and Close Contacts Directions***

#### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

#### 2 Details of Detention Notice

- (1) **Name of Detainee:** \_\_\_\_\_
- (2) **Date of Direction and Detention Notice:** \_\_\_\_\_
- (3) **Place of Detention:** \_\_\_\_\_ Room

#### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you are a close contact of a person diagnosed with COVID-19.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because you have been confirmed to be a close contact of a person diagnosed with COVID-19 and will be required to self-quarantine at the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time.
- (4) I advise that your detention pursuant to section 200(1)(a) of the **Act** and the Notice will end on \_\_\_\_\_ at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to the premises at which you ordinarily reside, in accordance with the *Diagnosed Persons and Close Contacts Directions*, as amended or replaced from time to time, for the purpose of self-quarantine.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions pursuant to the Act currently in force in Victoria. Compliance with these directions is required to eliminate or reduce a

serious risk to public health posed by COVID-19. It is essential that you self-quarantine in accordance with the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time.

- (6) The Notice is ended subject to the directions listed below under paragraph 4. Non-compliance with these conditions is an offence.

#### 4 Conditions

- (1) **You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **On your exit day Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.
- (3) You will transit from the hotel where you have been detained to the premises at which you ordinarily reside to self-quarantine pursuant to the Diagnosed Persons and Close Contacts Directions, as amended or replaced from time to time. You may be supervised during transit.
- (4) While you are transiting to the premises at which you ordinarily reside to self-quarantine, you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (5) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, as directed by the Authorised Officer.
- (6) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (7) When you are transiting to the premises at which you ordinarily reside to self-quarantine, you must, at all times, comply with any direction given to you by any Authorised Officer escorting you.

#### 5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 13. End of detention notice – Symptoms of respiratory illness

**PLEASE BRING THIS NOTICE AND YOUR IDENTIFICATION WITH YOU.  
BOTH ITEMS ARE NEEDED TO EXIT THE HOTEL**

### END OF DETENTION NOTICE – Symptoms of respiratory illness (transition to suitable premises)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

The detainee has demonstrated symptoms of respiratory illness. Subject to the conditions below, this Notice is evidence that the detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.

#### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### 2 Details of End of Detention Notice

- (1) **Name of Detainee:** \_\_\_\_\_
- (2) **Date of Direction and Detention Notice:** \_\_\_\_\_
- (3) **Place of Detention:** \_\_\_\_\_ Room
- (4) **Medical Facility:** \_\_\_\_\_  
(if medical care is required)
- (5) **Respiratory illness symptoms** [tick applicable]:
- |  |                          |             |                          |
|--|--------------------------|-------------|--------------------------|
| coughing   | <input type="checkbox"/> | sort throat | <input type="checkbox"/> |
| fever or temperature in excess of 37.5 degrees   | <input type="checkbox"/> | body aches  | <input type="checkbox"/> |
| congestion, in either the nasal sinuses or lungs | <input type="checkbox"/> | fatigue     | <input type="checkbox"/> |
| runny nose                                       | <input type="checkbox"/> |             |                          |

#### 3 End of Detention Notice

- (1) In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), I have reviewed your continued detention.
- (2) On review of the Notice, I note that you have exhibited the symptoms of respiratory illness.
- (3) In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:



- (a) You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need to travel directly to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction;
- (b) You have:
- been tested for 2019-nCoV and it is estimated that you will receive the results of that test by \_\_\_\_\_ [insert time];
  - not been tested for 2019-nCoV and are aware that you need to take precautions including #detail any specific precautions# for 72 hours after the time you cease showing symptoms of respiratory illness.
- (c) You are ordinarily a resident in Victoria or you have indicated that although you ordinarily reside outside of Victoria, you have a suitable premises within Victoria to temporarily reside and intend to remain there until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness [delete as applicable].
- (4) I advise that your detention pursuant to section 200(1)(a) of the Act and the Notice will end on \_\_\_\_\_ at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence or a suitable premises within Victoria to temporarily reside until you have received your test results OR for 27 hours after the time you cease showing symptoms of respiratory illness [delete as applicable].
- (5) Compliance with all directions made pursuant to the Act currently in force in Victoria is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you return to your ordinary residence or a premises that is suitable for you to reside temporarily in Victoria and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required.
- (6) The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

#### 4 Conditions

- (1) You will transit from the hotel where you have been detained to your ordinary residence or a premises that is suitable for you to temporarily reside in Victoria. You **must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will sight your identification and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you, which will be prior to midnight on your exit date.**
- (2) Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from

detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

- (3) While you are transiting to your ordinary residence, or a premises that is suitable for you to temporarily reside in, you must refrain as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles.
- (4) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, wear appropriate personal protective equipment to prevent the spread of COVID-19, if directed by an Authorised Officer.
- (5) You must practise physical distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any persons escorting you.
- (6) When you are transiting to your ordinary residence or a premises that is suitable for you to temporarily reside in, you must, **at all times**, comply with any direction given to you by an Authorised Officer escorting you.
- (7) You must remain at your ordinary residence or a premises that is suitable for you to temporarily reside in until you receive your 2019-nCoV test results **OR** for 72 hours after the time you cease showing symptoms of respiratory illness *[delete as applicable]*.

## 5 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*



## Appendix 14. End of detention notice: continued detention

### DIRECTION AND CONTINUATION OF DETENTION NOTICE

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

#### 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice (**Notice**) that you were provided on your arrival in Victoria .
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) (**Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID -19 throughout Victoria.
- (4) Pursuant to the Notice, you have been detained at the hotel and in the room specified in clause 1(5) below, for a period of 14 days , because, having regard to the medical advice, that detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health , in accordance with section 200(1)(a) of the Act.
- (5) **Place and time of current detention**  
You have been detained at:  
**Hotel:** \_\_\_\_\_  
**Room No:** \_\_\_\_\_
- (6) You were to be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020
- (7) An Authorised Officer has decided to continue your detention and issue this Direction and Continuation of Detention Notice. This decision has been made following the mandatory review of your Notice because:  
(tick as applicable)
  - (a) you have developed respiratory symptoms and are awaiting the results of a test for COVID-19
  - (b) you have returned a positive test for COVID-19 and have not been medically cleared to leave detention
- (8) You must comply with the directions in clause 2 and 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (9) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

## 2 Place and time of continued detention

(1) You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

(2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020

## 3 Conditions of your detention

(1) **You must not leave the room in any circumstances**, unless:

(a) you have been granted permission to do so:

(i) for the purposes of attending a medical facility to receive medical care; or

(ii) where it is reasonably necessary for your physical or mental health; or

(iii) on compassionate grounds; or

(b) there is an emergency situation.

(2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

(3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

(4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

(5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

## 4 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

## 5 Offence and penalty

(1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

(2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_

**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 15. End of detention guidance note

**How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detainment, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge each person
- if a person's detainment is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

It is preferable that an End of Detention Notice be issued the day before a person's detainment is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.

A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

## Appendix 16. : Charter of Human Rights obligations

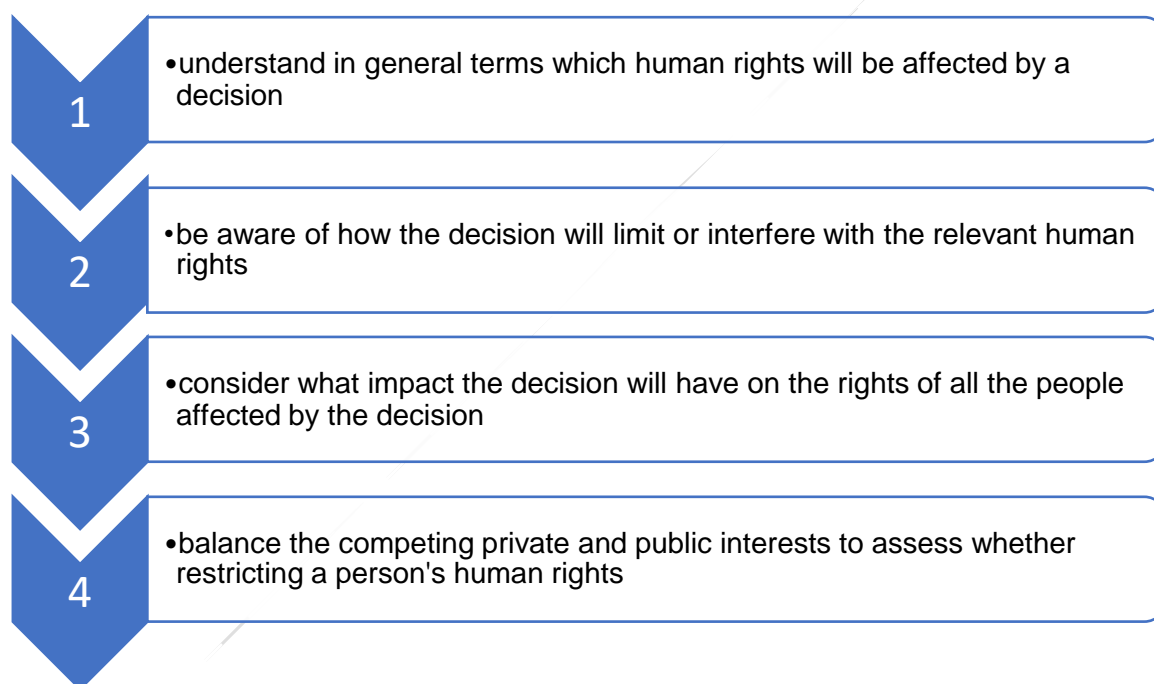
### Key points

- AO must act compatibly with human rights.
- AO must give 'proper consideration' to the human rights of any person(s) affected by an AO's decision.

### Department AO obligations under the Charter of Human Rights and Responsibilities Act 2006

Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

**Figure 3. How to give 'proper consideration' to human rights**



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
Right to life	<b>This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life</b>
Right to protection from torture and cruel, inhuman or degrading treatment	<b>This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</b>
Right to freedom of movement	<b>while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas</b>
Right to privacy and reputation	<b>this includes protecting the personal information of persons in detention and storing it securely</b>
Right to protection of families and children	<b>this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</b>
Property Rights	<b>this includes ensuring the property of a person in detention is protected</b>
Right to liberty and security of person	<b>this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence</b>
Rights to humane treatment when deprived of liberty	<b>this includes treating persons in detention humanely.</b>

## Appendix 17. Border health measures policy summary, 18 May 2020

### General principal

To protect Victoria from imported human biosecurity risks associated with coronavirus (COVID-19), pre-existing and enhanced border health measures are in place at Victoria's international air and seaports.

### Entry to Victoria

From 11.59pm AEDT 28 March 2020, all travellers arriving from overseas at Victorian airports or disembarking at maritime ports are subject to a Direction and Detention Notice (No 3), which mandates compulsory quarantine at designated hotels for the quarantine period of 14 days from the day of arrival (unless they are provided an exemption to this direction). The mandatory quarantine period must be undertaken in the port of arrival.

All travellers arriving at airports and seaports who are subject to mandatory quarantine will undergo health screening on arrival by DHHS nursing staff, working with Biosecurity Officers and Authorised Officers, at the port of entry (NOTE: individual arrangements may be put in place at seaports depending on the circumstances).

### Policy summary

Arrival	Airport	Seaport
<b>Passengers</b>	<p>All passengers arriving into Victoria from overseas on aircraft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p> <p><b>International transit passengers</b> arriving into Australia <b>are</b> able to depart on another international flight if the following conditions are met:</p> <ul style="list-style-type: none"> <li>• If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining physical distancing and hand hygiene.</li> <li>• If more than 8-72 hours (with rare exceptions on 72 hours if connecting international flight is difficult to arrange) before</li> </ul>	<p>All passengers arriving into Victoria from overseas on maritime vessels (whether recreational or commercial) are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>

	<p>the departing flight, they must go into mandatory quarantine until the time of the departing flight.</p> <p>Domestic onward travel is allowed in order to meet a departing international flight if the receiving jurisdiction (Australian state or territory) has been consulted and is willing to accept the passenger to transit to their international flight.</p>	
<p><b>Crew</b></p>	<p>Air crew are not subject to the Direction-Detention Notice but must self-isolate for 14 days on arrival into Victoria.</p> <p><b>9.7.1.1 International air crew who live in Victoria</b></p> <ul style="list-style-type: none"> <li>• Are not required to go into mandatory hotel quarantine.</li> <li>• Must self-isolate at their place of residence (or hotel) between flights, or for 14 days, whichever is shorter.</li> <li>• Are not required to complete the Isolation Declaration Card.</li> </ul> <p><b>9.7.1.2 International air crew who do not live in Victoria</b></p> <ul style="list-style-type: none"> <li>• Are not required to go into mandatory hotel quarantine.</li> <li>• Will be allowed to leave on their scheduled flight. They must self-isolate in their hotel on arrival until their next flight, or for 14 days, whichever is shorter.</li> <li>• Must use privately-organised transport to transfer to and from hotels between flights following appropriate physical distancing measures.</li> <li>• May fly domestically to their next point of departure from Australia if required.</li> <li>• Are not required to complete the Isolation Declaration Card.</li> </ul> <p><b>9.7.1.3 Domestic air crew</b></p> <ul style="list-style-type: none"> <li>• Are exempt from self-isolation requirements in Victoria.</li> </ul>	<p>Maritime crew arriving into Victoria from overseas on aircraft or maritime vessel are subject to the Direction-Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption applies).</p> <p><b>Maritime crew arriving into Victoria from overseas on an international flight planning to board a maritime vessel</b></p> <ul style="list-style-type: none"> <li>• <b>If maritime crew are transiting interstate</b>, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory hotel quarantine for 14 days from arrival before being allowed to travel interstate (unless granted a specific exemption)</li> <li>• <b>If maritime crew are joining a maritime vessel in Victoria</b>, they will be subject to the Direction-Detention Notice (No 3) and must go into mandatory quarantine for 14 days from arrival UNLESS: <ul style="list-style-type: none"> <li>– They are granted a specific exemption, OR</li> <li>– They are boarding a maritime vessel at a Victorian port directly from the flight, <u>and</u> the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> <li>– The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting from the airport to the maritime vessel.</li> </ul> </li> </ul> </li> </ul>



		<p><b>Maritime crew arriving into Victoria on vessels from international waters</b></p> <p><b>Maritime crew who live in Victoria</b></p> <ul style="list-style-type: none"> <li>• Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to returning to their Victorian residence (if they reside in Victoria).</li> </ul> <p><b>Maritime crew who are transiting interstate</b></p> <ul style="list-style-type: none"> <li>• Where a vessel has arrived at a Victorian port from international waters, maritime crew disembarking from this vessel must go into mandatory hotel quarantine for 14 days prior to onward travel interstate.</li> </ul> <p><b>Maritime crew who are leaving Victoria on an international flight</b></p> <ul style="list-style-type: none"> <li>• Maritime crew will be allowed to transit from their ship to an international flight: if the flight is leaving the same day and they travel directly to the airport using privately organised transport following appropriate physical distancing measures. Otherwise, the crew member must self-isolate in their hotel for up to 24 hours then travel directly to the airport to take their flight.</li> <li>• If there is more than 24 hours until the flight, they must stay in mandatory hotel quarantine until the flight, or for 14 days, whichever is shorter.</li> </ul> <p><b>Maritime crew arriving on an international vessel (“the old vessel”) and planning to leave Victoria on another vessel that is departing for an international port (“the new vessel”)</b></p> <p>Maritime crew <b>are not</b> subject to mandatory hotel detention in the following situations:</p>
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		<ul style="list-style-type: none"> <li>• If they are boarding a new vessel directly after disembarking the old vessel, AND the time between boarding the vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> <li>– The crew member must use privately organised transport (if needed) and follow appropriate physical distancing measures while transiting between the vessels.</li> </ul> </li> <li>• If the time from disembarking the old vessel and joining the new vessel is no more than 24 hours AND the time between boarding the new vessel and the vessel departing the Victorian port for an international port is NO MORE THAN 48 hours. <ul style="list-style-type: none"> <li>– In this case the crew member must self-isolate in their accommodation (organised by their shipping company) for the layover period and travel directly to the accommodation and then to the port to join the new vessel.</li> <li>– The crew member must use privately organised transport and follow appropriate physical distancing measures while transiting to and from the vessels and their accommodation.</li> </ul> </li> <li>• <b>If the above situations do not apply</b>, the crew member must go into mandatory hotel quarantine until the time the new vessel leaves, or for 14 days, whichever is shorter, as long as the crew member travels directly from the quarantine hotel to the vessel on the day it departs Victoria.</li> </ul> <p><b>Where a vessel left an Australian port, travelled into international waters, and then arrives back into a Victorian port</b></p> <p>The crew <b>do not</b> need to enter mandatory hotel quarantine or go into self-isolation on disembarkation if:</p> <ul style="list-style-type: none"> <li>• All maritime crew aboard (who travelled from overseas to join the vessel in Australia) completed 14 days of mandatory hotel quarantine in Australia prior to joining the vessel AND</li> </ul>
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		<ul style="list-style-type: none"> <li>• No further crew have joined the vessel during its voyage AND</li> <li>• The vessel did not dock at a foreign port during its voyage AND</li> <li>• There is no reported illness that could potentially indicate COVID-19 infection on board the vessel.</li> </ul> <p><b>Maritime crew arriving into Victoria on vessels that have only been in Australian waters</b></p> <p>Maritime crew disembarking from these vessels <b>do not</b> need to enter mandatory hotel quarantine or self-isolation on arrival into a Victorian port if:</p> <ul style="list-style-type: none"> <li>• The vessel has not left Australian waters AND</li> <li>• The vessel has only taken on maritime crew who have done 14 days mandatory hotel quarantine on arrival into Australia prior to boarding the vessel (and are able to verify this with documentation) AND</li> <li>• There is no reported illness that could potentially indicate COVID-19 infection on board the vessel.</li> </ul> <p><b>Note</b> that crew who then travel interstate may be subject to separate, state-based quarantine or self-isolation requirements on arrival.</p>
		<p><b>9.7.1.4 Crew requiring medical attention (for non-COVID-19 or other listed human disease-related illness) who would not be otherwise disembarking in Victoria</b></p> <p>A crew member may be granted approval to disembark a maritime vessel at a Victorian port WITHOUT having to go into mandatory hotel quarantine if:</p> <ul style="list-style-type: none"> <li>• They are coming off the vessel for the sole purpose of seeking medical review for a non COVID-19 related medical complaint and have also been given clearance by ABF and DAWE to do so AND</li> </ul>

		<ul style="list-style-type: none"> <li>• The crew member wears a surgical mask, and travels directly to the medical facility in private transport, maintaining physical distancing between the crew member and the driver AND</li> <li>• The crew member or operator of the vessel notifies the driver of the transport AND medical facility prior to their arrival that the crew member is coming off an international maritime vessel and has not completed 14 days mandatory hotel quarantine AND</li> <li>• If deemed well enough to not need hospital admission or stay on shore for further testing etc, AND</li> <li>• Following medical review, the crew member travels directly back to the vessel in the same manner as they travelled to the hospital.</li> </ul>
		<p><b>Cruise ships</b></p> <ul style="list-style-type: none"> <li>• All international cruise vessels have been banned from sailing into or out of Australian ports from 15 March 2020.</li> <li>• From 11.59pm AEDT 28 March 2020, <b>all cruise vessel passengers and crew</b> arriving from overseas at maritime ports are subject to mandatory hotel quarantine for a period of 14 days. The 14-day self-isolation period commences on disembarkation from the cruise vessel in Victoria.</li> <li>• Onward domestic or international travel is only allowed once the 14-day quarantine period is completed. Separate quarantine requirements may also apply at the next destination.</li> </ul>
		<p><b>Yachts and recreational vessels</b></p> <p>All passengers and crew arriving into Victoria from overseas on yachts and pleasure craft are subject to the Direction and Detention Notice (No 3) and must quarantine in mandatory detention hotels for a period of 14 days from arrival (unless an exemption has been granted).</p>

Departure	Airport	Seaport
<b>All travellers</b>	From 27 March 2020, all travellers departing the designated Victorian international airports for Pacific Island countries and Timor-Leste (as per the Biosecurity (Exit Requirements) Determination 2020) will undergo health screening at the airport prior to departure. See <b>Appendix 4.</b>	
<b>Vessel access at port</b>	<b>Airport</b>	<b>Seaport</b>
		<p><b>Shore-based professionals</b></p> <ul style="list-style-type: none"> <li>• Non-crew members (such as pilots, stevedores, Vessels Agents, surveyors, fumigators, shipper/receiver representative) can come on board the vessel to carry out essential vessel functions, provided necessary precautions have been put in place on the vessel.</li> <li>• Crew on board must use PPE in public spaces on the vessel while non-crew members are on-board or whilst interacting with non-crew members. It is the requirement of the employer or vessel to provide adequate PPE for their workers.</li> <li>• Where possible, shore-based professionals should stay 1.5 metres or more away from crew and interactions with persons on board the vessel should be limited to essential crew.</li> <li>• Shore-based professionals should: <ul style="list-style-type: none"> <li>– Wash their hands frequently while on board the vessel with soap and water, or use alcohol-based hand rub.</li> <li>– Wear appropriate PPE (surgical masks) while on board a vessel.</li> <li>– Avoid touching their mouth, eyes, and nose with unwashed or gloved hands.</li> </ul> </li> <li>• If a shore-based professional becomes aware of any ill person on board, they should contact their local port authority and public health authority, and ask the vessel master to report the illness via MARS</li> </ul>

		<ul style="list-style-type: none"> <li>• The ill crew member or passenger should isolate on the vessel in a single cabin until further direction is given by a biosecurity officer or human biosecurity officer.</li> <li>• <b>If the above measures, namely hand hygiene, strict physical distancing and use of PPE, are not adhered to by shore-based professionals boarding a vessel</b>, they will be required to self- isolate for 14 days from the time of disembarkation from the vessel.</li> <li>• Shore-based staff who <b>do not</b> board the vessel but may interact with crew from the vessel (e.g. stevedores) should maintain appropriate physical distancing measures but PPE is not currently advised.</li> </ul>
		<p><b>International crew performing shore based activities</b></p> <ul style="list-style-type: none"> <li>• All crew must remain on-board while the vessel is berthed in Victoria, with the exception of conducting brief essential docking, security and maintenance tasks.</li> <li>• Only the minimum necessary number of staff should be used to perform these tasks and interactions with shore-based professionals must be kept to a minimum. Where interaction is required, a distance of 1.5 metres should be kept between crew and shore-based professionals.</li> <li>• Crew who are leaving the vessel to conduct essential shore-based activities must wear PPE.</li> </ul>

## Appendix 18. Early release for International transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

### Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination Country], and that you are in transit in Victoria for a period of [insert timeframe > 8 hours].

In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey overseas. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

Name of person authorised under s 199

Title

/ / 2020

## Appendix 19. Early release for interstate transit

e000-xxx

Name of person

Address

Address

VICTORIA

Dear name

### Notification of international arrivals exemption from mandatory hotel detention in Victoria

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, international arrivals are issued with a direction and detention notice that requires them to quarantine in a specified hotel.

I note that you were issued with a direction and detention notice on [date] under section 200(1)(a) of the Act and are currently complying with that detention notice.

I have been advised that you are travelling from [international location] to [destination State/Territory], and that you are in transit in Victoria for a period of [insert timeframe].

There is a general policy in place in Victoria that people returning from overseas will be issued with detention notices requiring them to be isolated in a designated hotel room for a period of 14 days from their arrival. This policy generally applies to those in transit to an interstate residence, because of the risks of transmitting the virus within Australia while transiting.

I am advised that the [insert name of destination State/Territory] government has approved you travelling to [insert] from Victoria without firstly having completed the usual quarantine period required upon arrival in Victoria.

After considering your circumstances, I have decided that they warrant an exception being made to the above policy to allow you to continue your onward journey interstate. These circumstances are:

- Outline the reasons why an exception is being made:
  - UNACCOMPANIED MINORS (brief summary of justification)
  - MEDICAL AND COMPASSIONATE GROUNDS (brief summary of justification)



In these circumstances, I have decided to bring your detention to an end in order to allow you to continue your return journey home. You will not be subject to the usual 14 day quarantine requirements because you intend to leave Victoria within that 14 day period. On the basis that you will immediately proceed to your destination outside of Victoria once you leave detention, I do not consider your continued detention is necessary to eliminate or reduce a serious risk to public health in Victoria.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

**Name of person authorised under s 199**

**Title**

/ / 2020

## Appendix 20. Exemption letter for foreign diplomats and their families

First name, last name  
Address line 1  
Address line 2

Dear [name]

### Notification of diplomat exemption from mandatory hotel detention in Victoria

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by Covid-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, there is a mandatory 14 day quarantine period for international arrivals requiring detention in a hotel.

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria, or in your Australian state of residence, and are free to travel there once you arrive in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

It is essential that you practise social distancing, cough etiquette and hand hygiene, bearing in mind the important public health reasons for the mandatory quarantine policy. Although that policy does not apply to you because of your diplomatic status, I am sure you will appreciate the responsibility you bear to manage the potential risk that you and/or a family member may be infected.

If you need to discuss the conditions of this direction, please contact [name of contact].

Yours sincerely

**Name of person authorised under s 199**

**Title**

/ / 2020

## Appendix 21. Letter for diplomat staying at hotel

Ref Diplomat

[insert addressee details]

### Notification of diplomat exemption from mandatory hotel detention in Victoria

You have been confirmed as having diplomatic status under the Vienna Convention.

Australia has legal obligations under the Vienna Convention to ensure diplomats and their family's freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.

I confirm that, as a diplomat flying to Australia, you are not subject to a direction to go into immediate compulsory quarantine in Victoria. In keeping with Australian Government policy, you should self-isolate at your mission or in your usual place of residence on arrival for 14 days.

I understand that you will be staying at [insert name] hotel for [insert number days]. During the period you are staying at the hotel, **you should not leave the room in any circumstances**, unless:

- (1) you [have advised an authorised officer and] are doing so:
  - (i) for the purposes of attending a medical facility to receive medical care; or
  - (ii) where it is reasonably necessary for your physical or mental health; or
  - (iii) on compassionate grounds; or
  - (iv) because there is an emergency situation.
- (2) **You should not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people that you should allow in your room are people who are staying (because they are your family members or are also a diplomat) in the same room as you.
- (4) You can communicate with people who are not staying with you in your room, either by phone or other electronic means.

I understand that, after your stay at the hotel has concluded, arrangements have been put in place for you to travel to your place of residence. These travel arrangements should be via private or rental vehicle to your destination, including interstate travel, to minimise the risk of disease transmission.

You must continue to practise social distancing, cough etiquette and hand hygiene.

Yours sincerely

**XXXXX**  
Enforcement and Compliance Commander

/ / 2020

## Appendix 22. Exemption letter for key workers and covid cleared

e000-xxx

**TO BE USED FOR:**

- **KEY WORKERS**

- **SURVIVORS**

Name of person

Address

Address

VICTORIA

Dear **name**

**Notification of international arrivals exemption from mandatory hotel detention in Victoria**

I am aware that you have just returned to Victoria from overseas.

A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) because of the serious risk to public health posed by COVID-19. In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of Covid-19 throughout Victoria. Because of this, there is a mandatory 14 day quarantine period for international arrivals.

After considering your circumstances, I have concluded that you fall within one of the categories of people who the above policy does not apply to because:

- you are travelling to Victoria to engage in urgent and essential work to support the Covid-19 health response in Australia and appropriate arrangements are in place for your accommodation while you reside here.
- you have previously been diagnosed with Covid-19, and you have since received medical clearance indicating that you are now fully recovered.

Yours sincerely

**Name of person authorised under s 199**

Title

/ / 2020

## Appendix 23. Guidelines for considering exemptions

### Summary

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) (**PHW Act**) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

This guidance note has been prepared to assist the Enforcement and Compliance Commander to determine whether individual persons arriving in Victoria from overseas should be exempted from being subject to detention notices requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**). Such persons are ordinarily subject to detention notices because they are at increased risk of infection from 2019-nCoV and may inadvertently transmit it to others upon their return (and because earlier requirements to self-isolate at home were not uniformly complied with or easily enforceable).

If you decide that an exception applies, the relevant person will either be:

1. exempted from any kind of quarantine in Victoria; or
2. required to self-isolate at home or in another facility — either in Victoria, in which case they would either be subject to similar conditions as in the Self-Isolation (Diagnosis) Directions, or their home jurisdiction.

The exact outcome will depend on the person's circumstances. People in certain categories will be subject to an automatic exemption from the 14 day quarantine requirement. These categories are:

1. people in short-term international transit (up to 8 hours and not overnight);
2. people in long-term international transit (who are still required to quarantine, but are allowed to leave quarantine before the expiration of the usual 14 day period in order to undertake their onward journey overseas);
3. previous confirmed cases of 2019-nCoV who now have medical clearance and no longer require quarantine;
4. diplomats (who instead are requested to self-isolate at their mission or residence on arrival for 14 days); and
5. key workers (including aviation and medevac crew, except those on cruise ships)
6. Maritime crew in certain circumstances

How to deal with other categories of people will involve an exercise of your discretion, including by engaging in the process of proper consideration of relevant human rights under the Charter (discussed below). The question to be determined in relation to persons in these categories is whether they should be allowed to self-isolate for 14 days at another location as an alternative to hotel detention. These categories are:

1. unaccompanied minors whose legal guardians are unable to reside with them at the hotel; and
2. people who raise compassionate or medical grounds.

Decisions about people falling into these categories need to be made on a case-by-case basis, applying the considerations set out in this guidance note. Although decisions need to be made in light of the individual circumstances of each person, care must be taken to ensure consistency, transparency and a commitment to the mandatory quarantine policy unless alternative self-isolation is preferable and you consider it can provide sufficient protection to the community.

### Your obligations under the Charter (when exercising discretion)

You are a public officer under the Charter. This means that you **must give 'proper consideration' to relevant human rights when exercising your discretion** (that is, to grant an exception to an unaccompanied minor or to a person on medical or compassionate grounds). This includes the human rights of *any person* affected by the decision, including the person who would otherwise be subject to the detention notice, the person(s) who they may self-isolate with if they were to self-isolate at home, and members of the community.

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decision (**see the description of relevant rights at the end of this note**);
- **second**, seriously turn your mind to the possible impact of your decision on the relevant individual's human rights, and the implications for that person (*some of the possible impacts of your decision are discussed in this note; however, much will depend on the particular facts of the request*);
- **third**, identify the countervailing interests (*for example, the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time*); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights is justified in the circumstances (**see relevant factors in s 7(2) of the Charter below**).

The Charter provides that a human right may only be subject to 'reasonable limits as can be demonstrably justified in a free and democratic society based on human dignity, equality and freedom' (s 7(2)). In considering whether a limit is reasonable and demonstrably justified, **all relevant factors** must be taken into account, including, but not limited to, five factors listed in s 7(2) of the Charter:

- the nature of the right;
- the importance of the purpose of the limitation;
- the nature and extent of the limitation;
- the relationship between the limitation and the purpose; and
- any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve.

You are **not required to give proper consideration to human rights when applying automatic exemptions**, because that is a decision that has already been made.

### Automatic exceptions

There are certain categories of exception that **must** be automatically granted if certain criteria are met.

- For most categories of automatic exception — if granted, the person will **not** be subject to a detention notice or required to self-isolate at an alternative location. They will receive a letter from you confirming that the mandatory detention requirement does not apply to them (except for diplomats and their families, who will instead be issued a letter from **DHHS** by a DHHS Authorised officer at the airport).
- For one category of automatic exception (long-term international transit passengers) — the person **will** be subject to a detention notice for the period that they are in transit but, if granted, they will receive a letter from you allowing them to leave hotel detention to take their onward journey. However, short-term international transit passengers will not receive a detention notice and will be automatically exempt from the mandatory detention requirement.

These decisions are likely to have a positive effect on the Charter rights of the people most immediately affected (namely, their rights to **liberty** (s 21) and **freedom of movement** (s 12)).

However, it is acknowledged that these decisions may have an adverse effect on the rights of people in the Victorian community.

- It could limit the rights to **life** (s 9) and **health** (protected by art 12 of the International Covenant on Economic, Social and Cultural Rights, to which Australia is a signatory) of other people in the

community, particularly those most susceptible to adverse health effects of the virus (namely, the elderly and those with certain pre-existing medical conditions).

- Consequently, it could also limit the rights to **privacy and family** (s 13) and the **protection of family and children** (s 17) by threatening to introduce a potential source of the virus into the community, which could subsequently interfere with the development and maintenance of social and familial connections, the best interests of children, and the broader family environment.

Any limitation of rights is considered reasonable and justified in light of the importance of each exception (as discussed below), as well as the relatively small risk of any particular person inadvertently spreading the virus in the community.

### ***International transit passengers***

#### *Description of category*

This category is intended to cover people who are travelling from one country to another and are in transit in Australia as part of their journey. For example, a passenger travelling from the UK to a Pacific Island, whose connecting flight is through Victoria. Those people do not intend to spend time in Victoria, other than for the purposes of transit.

The length of transit will range from short-term (up to 8 hours and not overnight) to long-term (8–72 hours or overnight).

- *Short-term international transit passengers* will **not** receive a detention notice and will not be escalated to you for review. You are not required to consider their case or issue them with a letter confirming their exemption from mandatory detention. They will be permitted to depart on another international flight, without being subject to the mandatory hotel quarantine requirement for 14 days or for the period of transit. This is because it is assumed, as a matter of practicality, that they will remain at the airport for their period of transit, which is a confined area in which those in attendance are aware that international travellers are likely to be present and social distancing and cleaning practices are likely to be strictly adhered to. This adequately manages the risk that they pose.
- *Long-term international transit passengers* **will** receive a detention notice requiring them to quarantine at an airport hotel (or nearby hotel) until their onward flight. Their cases will be escalated to you for review and, if exempted, they will receive a letter from you confirming that their period of detention has been cut short to enable them to continue their journey overseas. Although they are required to reside at a hotel for the period of transit, they are exempted from the requirement to quarantine in Victoria for the full 14 days. The justification for this exception is that it would be overly impractical and unreasonable to compel international transit passengers, who would otherwise only be in Victoria for a very short period of time, to quarantine for 14 days and thereby miss their onward journey. Detention for the duration of the transit period adequately manages the risk posed by long-term transit passengers while they are here.

The exception for short-term and long-term international transit passengers recognises that the risk they pose to public health will be borne primarily by the receiving jurisdiction. Consequently, upon arrival at their final overseas destination, international passengers will be subject to the quarantine arrangements of that jurisdiction. The brief period of time in which international transit passengers are in Victoria, in either the airport or a hotel, does not warrant mandatory quarantine for the full 14 day period.

It is noted that this policy is consistent with the Commonwealth guide to exemptions to the 14 day mandatory quarantine period (**Commonwealth guide**), which provides that short-term transit passengers (up to 8 hours) are exempt from detention if they remain in the airport and long-term transit passengers (8–72 hours) will be subject to mandatory detention in a hotel for the period of transit.

#### *Checklist of factors*

To confirm that an exception under this category applies, you must be reasonably satisfied that a person is a **long-term international transit passenger**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the passenger's travel documents (namely, passport and onward travel ticket), the country they are travelling to, the country they have travelled from;



- the length of time they will be in transit for;
- the public health risk profile of the passenger, including:
  - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
  - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

#### *Outcome*

If you are reasonably satisfied that a person is a **long-term international transit passenger**, you must provide them with a letter confirming that their detention will be brought to an end to enable them to continue their journey overseas (see **template letter for long-term international transit passengers**).

#### **Previous confirmed cases with medical clearance who no longer require quarantine**

##### *Description of category*

This category is intended to provide an exception for persons arriving in Victoria from overseas who are 'survivors' of 2019-nCoV. That is, those persons who have previously been infected with 2019-nCoV, have been medically cleared and now no longer require quarantine.

The Chief Health Officer considers that recovered survivors who have been medically cleared do not pose a sufficient health risk to warrant mandatory detention or self-isolation for 14 days. Therefore, survivors of 2019-nCoV who can demonstrate proof of medical clearance will be exempt from mandatory detention or self-isolation for 14 days.

##### *Checklist of factors*

To confirm that an exception under this category applies, you must be reasonably satisfied that the passenger has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**.

Relevant factors to consider in coming to your decision include (but are not limited to):

- medical documentation demonstrating that the passenger was infected with 2019-nCoV and has since tested negative and been medically cleared (for example, a letter or test results from a medical practitioner);
- confirmation from public health command that the clearance satisfies Victorian requirements

#### *Outcome*

If you are reasonably satisfied that a person has **previously been infected with 2019-nCoV, made a full recovery and since been medically cleared**, you must provide them with a letter confirming that the mandatory hotel detention requirement is waived (see **template letter for keys workers and survivors of 2019-nCoV**).

#### **Diplomats**

##### *Description of category*

This category captures people who are covered by diplomatic immunity under the Vienna Convention. Australia has legal obligations under the Vienna Convention to ensure diplomats' and their families' freedom of movement and travel, and protection from detention. Diplomats are therefore not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are also not required to complete the Isolation Declaration Card.

Upon arrival in Victoria, the diplomat and their family will be issued a letter from DHHS by an Authorised Officer at the airport. This letter will notify them of their exemption status and provide relevant information, including that diplomats and family members should self-isolate at their mission or usual place of residence for 14 days and that they should continue to practice social distancing, cough etiquette and hand hygiene.

Travel arrangements for diplomats and their families is the responsibility of the Department of Foreign Affairs and Trade (**DFAT**). It is the expectation that upon disembarking in Victoria, diplomats and their families should travel by private or rental vehicle to their destination, including interstate travel, to minimise the risk of disease transmission. If diplomats require overnight accommodation prior to road travel, then accommodation should be at a government nominated quarantine hotel.

A record of the letter must be made in the Compliance Application.

## Exceptions that require your discretion

### ***Unaccompanied minors whose guardians are unable to reside with them at the hotel***

#### *Description of category*

This category is intended to capture unaccompanied children who were travelling alone or with another child or children from overseas. This exception is only available if the parent or legal guardian of the child demonstrates that they are unable to reside with their child at the designated hotel. This may be due to a number of reasons, including other caring responsibilities that the parent or guardian may have at home or because the child ordinarily resides in another State or Territory and is transiting through Victoria on their way to their home jurisdiction.

The exception recognises the unique vulnerability of children and the unduly harsh and unreasonable impact that mandatory hotel detention without a parent or guardian could have on the child and their family, particularly if the child is detained in a different jurisdiction to where the family reside. Imposition of the mandatory detention period could adversely affect the development and care of the child, as well as their broader family environment. It may result in an unreasonable and disproportionate limitation of several human rights under the Charter, including the rights of children and families to protection, the right to equality, and freedom from inhumane treatment in detention (see below).

If the exception is granted, the child in question will be permitted to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. If they self-isolate in Victoria, they will be subject to similar conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions for the period of self-isolation. Unless there are sufficient reasons not to require it, the entire household, including parents or guardians, must also self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

#### *Checklist of factors*

To grant an exception under this category, you must be reasonably satisfied that the passenger is an **unaccompanied minor whose parent or legal guardian is unable to reside with them** at the hotel.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the age and needs of the child (including whether they are in transit in Victoria on their way to another State or Territory);
- the reason that the parent or legal guardian is unable to reside with them at the hotel (including whether they have other caring responsibilities at home or ordinarily reside in a different State or Territory);
- the availability of another adult to reside with them at the hotel, for example, another family member who may assume temporary care of them for the period of detention;
- the public health risk profile of the child, including:
  - whether they have been tested for 2019-nCoV and, if so, whether the results were negative; and
  - whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

#### *Relevant human rights*

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to an unaccompanied minor whose parent or legal guardian cannot reside with them in the hotel.

- The **protection of children** (s 17). Children are entitled to such protection that is in their best interests and is needed by them by reason of being a child. Detaining an unaccompanied minor in a hotel room for 14 days will almost certainly not be in their best interests, particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside. Given the special vulnerability of children, they may require different treatment or special measures as detention in a hotel without a parent or guardian is likely to have a disproportionately adverse impact on their physical and psychological development and emotional and educational needs. It will interfere with the child's care and the broader family environment, potentially significantly and detrimentally.

- In deciding whether to permit a minor to self-isolate at home with their family (either in Victoria or their home jurisdiction) instead of alone at a hotel, the best interests of the child should be a primary consideration, including their developmental, emotional and educational needs. However, in appropriate circumstances, these interests can be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. They may also depend on other factors, such as the age and dependence of the child (for example, in some circumstances it may be reasonable for an unaccompanied 17 year old to be detained in a hotel room for 14 days, but it is impossible to envisage any situation where this would be reasonable for an unaccompanied 7 year old).
- The right to **humane treatment when deprived of liberty** (s 22). As detention notices deprive persons of liberty, it is important that measures are put in place to ensure that the accommodation and conditions in which persons are detained meet certain minimum standards (such as enabling detained persons to obtain food, necessary medical care, and other necessities of living). However, even with those measures and balanced against the imperative need to protect public health, the detention of a child without a parent or guardian may nonetheless constitute inhumane treatment, having regard to factors such as the child's age and needs.
- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of an unaccompanied minor, without the care of a parent or guardian, for 14 days, may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. The enforcement of detention notices on unaccompanied children is likely to temporarily restrict the rights of persons (children and their family members) to develop and maintain social and familial relations, to live at home, and to be unified with other family members (particularly if the child is an interstate transit passenger and detained in a different jurisdiction to where their family reside). The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation of the child with their family at home (either in Victoria or their home State or Territory).
- The rights to **equality** and **freedom from discrimination** (s 8). These rights will be relevant due to the effect that detention may have on a parent or legal guardian who has other caring responsibilities, for example, if they have children or other dependants at home who require their care. An exception may need to be made in order to address the particular needs and vulnerabilities of those people, for example, by allowing the child to self-isolate at home with their family as an alternative to mandatory detention, which would mean that their parent or guardian is able to fulfil all of their carer responsibilities instead of having to prioritise one over another.
- The right to **life** (s 9). While allowing a child to quarantine at home with their family rather than by themselves at a designated hotel will prevent a potential breach of their rights, including their rights to protection under s 17(2) and humane treatment under s 22, it may limit the right to life of those family members and others in the community. However, depending on the circumstances of the child and their family, this may be considered less of a risk due to the engagement of the family and their understanding of the special treatment being afforded to their child, which would mean that they are unlikely to breach the terms of the quarantine. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

### *Outcome*

If you are reasonably satisfied that a person is an **unaccompanied minor whose parent or legal guardian is unable to reside with them**, you must provide them and their parents or guardians with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see **template letter for home isolation**).

## **Compassionate or medical grounds**

### *Description of category*

This category of exception is intended to apply to cases that warrant departing from the general policy of mandatory hotel detention for compassionate or medical reasons.

The particular compassionate or medical grounds of the person in question must be sufficient to justify why they should be allowed to self-isolate at home (or an alternative location) instead of being detained in a hotel. You must give proper consideration to whether detention may result in an unreasonable and disproportionate limitation of their human rights under the Charter, including the right to equality and freedom from inhumane treatment in detention (see below).

To be granted an exemption under this category, the person must demonstrate why detention in a hotel for 14 days would be unduly harsh, unreasonable or, in the case of some medical cases, disproportionately risky. For comparison, consideration should be had to the severity of other restrictions currently in place to limit social contact and movement in Victoria, including limiting the number of people who can attend funerals and restricting visitors to aged care facilities and hospitals. Given the Deputy Chief Health Officer has considered it necessary to impose these restrictions, which impose significant emotional and psychological hardship on affected Victorians, this exception category should reflect the seriousness of this public health threat and the fact that hardship is being endured by many people under the current restrictions.

If an exception is granted on compassionate or medical grounds, the person in question will be required to self-isolate at an alternative location, such as their home (either in Victoria or their home State or Territory) for 14 days. In very limited circumstances, the self-isolation requirement may be waived for the purposes of allowing a person to receive medical treatment or to attend the end-of-life of a family member. If the person self-isolates in Victoria, they will be subject to the same conditions as in the Isolation (Diagnosed Persons and Close Contacts) Directions. Unless there are sufficient reasons not to require it, the entire household must self-isolate for the purposes of mitigating the risk of spreading 2019-nCoV. If they self-isolate in another State or Territory, they will be subject to the conditions imposed in that respective jurisdiction.

The requests to you must be supported by a letter from a medical practitioner confirming that detention would be inappropriate or unreasonable for the person given their circumstances, unless the reason is obvious in which case a letter from an authorised officer would suffice.

If it is reasonably possible to amend the conditions of hotel detention to accommodate the person's particular compassionate or medical circumstances, whilst maintaining their right to be treated with humanity and respect, then this is preferable to granting an exemption. For example, if the person has a particular disability or medical condition that would render hotel detention by themselves to be unduly harsh, a better option may be to allow their nominated carer to quarantine with them for the detention period. This would manage the person's medical circumstances and also mitigate the risk of a 2019-nCoV outbreak.

### *Checklist of factors*

To grant an exception under this category, you must be reasonably satisfied that the person has **compassionate or medical circumstances** that would make their detention unduly harsh, unreasonable or risky.

Relevant factors to consider in coming to your decision include (but are not limited to):

- the precise nature of their compassionate or medical circumstances, including, if relevant, whether they are transiting through Victoria on their way to their home jurisdiction;
- any proof of their circumstances, for example, a letter from a medical practitioner;
- the effect that detention would have on the person (or other people, if relevant), in light of their particular circumstances;
- whether their compassionate or medical circumstances can be appropriately managed in hotel detention;
- whether self-isolation at an alternative location (either in Victoria or the person's home jurisdiction) would be likely to mitigate or appropriately manage the risk posed by detention;
- the public health risk profile of the person, including:
  - whether they have been tested for 2019-nCoV and, if so, whether the results were

- negative; and
- o whether they are exhibiting any clinical symptoms or signs of 2019-nCoV.

#### *Relevant human rights*

The following human rights protected by the Charter are likely to be relevant to your functions in deciding whether to grant an exception to a person on compassionate or medical grounds.

- The rights to **equality** and **freedom from discrimination** (s 8). Given that disability is a protected attribute and includes physical and mental disability, equality rights are particularly relevant for a person whose medical condition may mean that detention is disproportionately harsh or arbitrary. It may also be relevant for a person with a different protected attribute, such as age, race or parental or carer status, if that attribute means that detention would be unfairly disadvantageous for them. The exact impact of detention on the person will depend on the nature of their medical condition or compassionate circumstances, and the extent to which their condition or circumstances can be appropriately managed in detention.
  - o The reasonableness of the measures will depend on whether they are proportionate to the purpose of protecting public health and whether there are less restrictive alternatives reasonable available to achieve that same purpose. Particularly in circumstances where there is medical or other proof to demonstrate the disproportionate impact of detention in a hotel room for 14 days, these rights may support a decision to allow the person to self-isolate at home (either in Victoria or their home jurisdiction) with appropriate conditions to mitigate any public health risks. Further, special measures that address the particular needs and vulnerabilities of persons with a disability or other protected attribute (such as self-isolation at home) will not be considered discriminatory against others who do not have that attribute, and may be required to ensure substantive equality.
- The right to **humane treatment when deprived of liberty** (s 22). The Charter requires that people be treated humanely when they are deprived of liberty, including in hotel detention. This may require that a person in detention be provided with adequate assistance, support and care as may be needed by them by reason of their medical condition, special vulnerability or other attribute. This assistance would have to be provided by DHHS and its authorised officers, unless a carer can reside with the person in the hotel for the period of detention. Depending on the particular circumstances, it may not be possible for either DHHS or a carer to provide the requisite assistance, care and support to the person in detention. This may be due to a range of reasons, including resourcing constraints, other caring responsibilities of the carer, the carer residing in another State or Territory, or the physical limitations of the hotel room. Given that it may not be humane to require a person to be detained in a hotel room for 14 days where they cannot receive the assistance, care and support they require, it may be preferable to make an exception for them to self-isolate at an alternative location (either in Victoria or their home jurisdiction) and to impose alternative conditions to ameliorate any public health risks.

- The rights to **privacy, family and home** (s 13) and the **protection of families** (s 17). The detention of a person with a disability, medical condition or other compassionate reason may constitute an arbitrary interference with privacy, family or home and/or a limitation of the right to the protection of families if it is not reasonable and appropriately justified. Much will turn on the particular circumstances of the person; however, it may be that detention will unduly affect their right to develop and maintain social and familial relations and to be unified with other family members, particularly if they depend on the care of a family member due to a disability or medical condition. The reasonableness of any limitation on rights will depend on factors such as the importance of the purpose of protecting public health, the extent of the limitation of rights caused by detention, and the availability of less restrictive alternatives which also achieve the same purpose, for example, self-isolation at home.
- The right to **life** (s 9). Although allowing a person with particular medical or compassionate circumstances to self-isolate at home rather than at a designated hotel will prevent a potential breach of their rights, including their rights to equality under s 8 and humane treatment under s 22, it may limit the right to life of other people they reside with and people in the community. However, depending on the circumstances of the person and their living situation, this may be considered less of a risk if they live alone or have the support and engagement of members of their household, which would mean that they are unlikely to breach the terms of their self-isolation. Families are also warned that detention may be required if self-isolation at home is not complied with, which will be a highly motivating factor for compliance.

#### *Outcome*

If you are reasonably satisfied that a person has sufficient **compassionate or medical grounds**, you must provide them with a letter confirming that they must self-isolate at home or an alternative location for 14 days and setting out the conditions of self-isolation (see ***template letter for home isolation***).

## **Attachment — Description of relevant human rights**

### ***Humane treatment when deprived of liberty***

Section 22(1) of the Charter requires that all persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person. The right to humane treatment while deprived of liberty recognises the vulnerability of all persons deprived of their liberty and acknowledges that people who are detained should not be subject to hardship or restraint other than the hardship or restraint that is made necessary by the deprivation of liberty itself.

### ***Rights to privacy, family and home***

Section 13(a) of the Charter provides, relevantly, that a person has the right not to have their privacy, family or home 'unlawfully' or 'arbitrarily' interfered with. An interference will be lawful if it is permitted by a law which is precise and appropriately circumscribed, and will be arbitrary only if it is unjust or unreasonable, in the sense of being disproportionate to the legitimate aim sought. The right to 'privacy' has a very wide scope, and includes the protection of the individual's personal and social sphere, such as their right to establish and develop meaningful social relations. The 'family' aspect of s 13(a) is related to s 17(1) of the Charter (see below), but contains a negative obligation that only prohibits unlawful or arbitrary interferences with family. The 'home' aspect of s 13(a) refers to a person's place of residence, and may cover actions that prevent a person from continuing to live in their home.

### ***Protection of families and children***

Section 17(1) of the Charter recognises that families are the fundamental group unit of society, and entitles families to protection by the society and the State. The term 'family' is construed widely and includes ties between near relatives, with other indicia of familial relationships including cohabitation, economic ties, and a regular and intense relationship. Cultural traditions may be relevant when considering whether a group of persons constitute a 'family' in a given case.

Section 17(2) of the Charter provides that every child has the right, without discrimination, to such protection as is in their 'best interests' and is needed by them by reason of being a child. It recognises the special vulnerability of children, defined in the Charter as persons under 18 years of age. 'Best interests' is considered to be a complex concept which must be determined on a case-by-case basis. However, the following elements may be taken into account when assessing the child's best interests: the child's views; the child's identity; preservation of the family environment and maintaining relationships; care, protection and safety of the child; situation of vulnerability; the child's right to health; and the child's right to education.

### ***Right to equality***

Section 8(3) of the Charter relevantly provides that every person is entitled to equal protection of the law without discrimination and has the right to equal and effective protection against discrimination. 'Discrimination' under the Charter is defined by reference to the definition in the *Equal Opportunity Act 2010* on the basis of a 'protected attribute', which includes age, race, disability (including physical and mental disability, whether permanent and temporary), and parental or carer status.

Indirect discrimination occurs where there is a requirement, condition or practice imposed that is the same for everyone but disadvantages a person, or is likely to disadvantage a person, because they have one or more of the protected attributes, and the requirement, condition or practice is not reasonable. Direct discrimination occurs where a person treats a person with a protected attribute unfavourably because of that attribute. Section 8(4) of the Charter provides that measures taken for the purpose of assisting persons disadvantaged because of discrimination do not constitute discrimination.

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X / 2020

EFFECTIVE DATE: TBC

SUBJECT: MANAGEMENT OF EXERCISE BREAKS

---

### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to verifying and directing the movement of people on Temporary Release from quarantine.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

1. Temporary Releases from quarantine can be granted to undertake a pre-arranged supervised exercise break. Our aspiration is to facilitate each person to have at least one walk per week provided the person complies with the reasonable directions given to them in relation to the conduct of the walk. However, this is not always practical in every hotel and for every person in detention, but it remains our aspiration.
2. Exercise breaks should be offered at all hotels where possible but where a designated hotel is used for COVID positive detainees and the close contacts this may not be practical.
3. The exercise program is to be closely managed by Authorised Officers working with onsite medical teams and security teams prioritising detainees who have been assessed by the medical team and recommended for priority.
4. This instruction aims to mitigate any risk by clearly articulating and verifying the process to be followed to arrange an exercise break.

### INSTRUCTION

#### Identification of approved exercise area

5. Exercise breaks can only be undertaken in areas that have been approved by the DHHS OHS leader for safety.



## Walking times

6. The period of time within which exercise breaks can be facilitated will vary from hotel to hotel and will depend on things like hotel management views, mealtimes, weather and lighting conditions.
7. If a hotel has two or more exercise sites that are located in close proximity to each other, scheduled times for detainees need to be staggered to minimise the risk of guests crossing over and creating infection control risks.

## Issue of Temporary Release

8. On the day of after the arrival of new detainees, issue a temporary release for each person in detention as follows:
  - a. Insert person's name in section 2(1)
  - b. Insert details in section 2(1)(b) Reason leave is necessary: 'Exercise'
  - c. Insert details in section 2(1)(b) Proposed activity/solution: 'Supervised 15-minute walk'
  - d. Insert details in 2(2) reflecting the commencement date and the last day in quarantine.
  - e. In section 3, cross out the words '/may be supervised [delete as appropriate]'
  - f. In Annex 1 add in 'Comply with the directions of the Security Guards'.
  - g. Open the person's record in the App and
    - i. Take an image of the documents and select the 'Permissions' button.
    - ii. In 'reasons for permission', select 'Physical activity'
    - iii. In 'Details of permission', add in 'Supervised walks'.
    - iv. Insert end date and time of 1159 pm.
    - v. Take photo of permission document.
    - vi. Drop document off to the person's room by sliding under door.
    - vii. Ring the room and explain the release approval and conditions to the person(s). Emphasise that the exercise break will be offered but we cannot book particular times and they will be notified of a walking slot either on the day before or day of the walk.

## Identification of priorities for exercise breaks

9. The hotel medical team (doctor and nurses) should identify people who they recommend as being given a priority for any available exercise breaks based on their assessments of factors such as medical and psychological needs etc. The medical team should then advise the authorised officer of their recommendations which should include the recommended exercise break frequency. These recommendations should include information such as whether the person needs to be accompanied by a mental health nurse.
10. Request the medical team try to provide any updates to the priority list by 3pm each day but recognise that this will not always be possible due to changing circumstances or new arrivals.
11. For those who are recommended as a priority for daily exercise breaks, consider allocation of a regular time each day.

### Daily walking program

12. The number for walking opportunities on a particular day at a particular hotel will vary from hotel to hotel on a daily basis based on factors such as the availability of sufficient security guards to escort detainees during their breaks, the number and location of the exercise areas and any exits or intakes that may be occurring on a particular day.
13. Once the walking register is full, only urgent recommendations from the medical team will be accepted for walks outside the scheduled times.

### Daily management and record keeping

14. The objective is to administer a process that provides a walking opportunity for all those on the priority list and then to move on to offer walks to those on a floor by floor basis. This may mean that it is not practical to give a significant prior notice to a room that a walking opportunity will be available on a particular day and time. However, as a minimum we should aim to give the detainees at least one-hour notice of a one hour window of opportunity when a walking opportunity is available.
15. Persons under the age of 18 years (minors) **must** be accompanied by a responsible adult as well as the security guard.
16. The hotel register can be used as a basis for the development of a hard copy register to be printed and placed onto a wall or display board. Refer to Attachment 1 for model register.
17. The register is to be used to record who is scheduled for a walk on a particular day and if the walk actually happened or was offered but declined.
18. Once all guests have been entered into the register, take a photocopy of the register for security and nurses (if requested to do so).
19. The process for the selection of the times for each room is that the authorised officer contacts each room identified for an exercise opportunity and advises of the estimated time for the opportunity. Confirm that the persons in the room are well and not showing any symptoms e.g. cough, fever, runny nose etc. The time block is then documented on the register. The security lead is given a copy of the register and asked to implement it.
20. In either case, at the end of the day's exercise program work with security lead to document the outcomes of the program for the day i.e. who had exercise and who declined the opportunity.

### Recording the exercise program in the app during night shift

21. During the night shift, the authorised officer is to update the app using the information in the spreadsheet/table.
22. To update the app, select the person of interest and then select the 'contact log' button.
23. Record the walking opportunity outcome in the 'Contact Notes' as either **#walk** or **#declinedwalk**

Use either of these terms only with no additional characters or spaces. It is not critical to record the exact time of the walk but the date must be accurate.

If extra comments are required create a separate contact log with more description.

### **The exercise process**

24. The process of arranging the walk with the detainee will vary from hotel to hotel, in part, because of layout and security company variations but the following principles are to be followed:
- a. The detainee must be given at least one-hour notice of the walking opportunity.
  - b. All detainees in the room should be offered a walk at the same time unless there is a good reason not to.
  - c. No guarantee should be given that a walk can occur at a particular time but we should apply a 'best endeavours' approach.
  - d. Detainees must be escorted by a security guard using the following process:
    - i. Security guard to wear a face mask and gloves or performing good hand hygiene before and after each visit.
    - ii. Security guard to carry sufficient masks and gloves for the detainees. Hand gel to be available outside room.
    - iii. Detainees to be asked to wash hands before leaving room
    - iv. Detainees to be given face masks to wear prior to leaving room.
    - v. Detainees not to leave room until invited to do so by the security guard
    - vi. Detainees to be asked to use hand gel as soon as they leave room.
    - vii. Detainees asked to not touch any surface (including lift buttons or walls) or person.
    - viii. Security guard to control the lift and take the detainees to the designated exercise area.
    - ix. Security guard to escort the detainees back to their room.

.....

**XXXXXX, Commander COVID-19 Enforcement and Compliance**

**Attachment 1**  
Model exercise break register

Room #	Guest name	Arrival date	Departure date	Number of Adults	Number of Children	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
123	Cleaves, Noel	12/6/20	26/6/20	1	0														

DRAFT

# Authorising Temporary Leave from Quarantine

From: "Anthony J Kolmus (DHHS)" REDACTED

To: COVID-19 Authorised Officers < covid-19authorisedofficers@dhhsvicgovau.onmicrosoft.com >

Cc: REDACTED (DHHS)" REDACTED, REDACTED (DHHS)"  
 REDACTED REDACTED (DHHS)" REDACTED "Noel  
 Cleaves (DHHS)" REDACTED "Meena Naidu (DHHS)"  
 REDACTED "Murray Smith (DHHS)" REDACTED  
 "Steve Ballard (DHHS)" REDACTED REDACTED (DHHS)"  
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Date: Sun, 31 May 2020 16:26:39 +1000

Hi All,

With the release last Sunday 24/5 of v2 of the Detention, Authorisation, Enforcement and Compliance Command (DAECC) for AO operations in the quarantine hotels, I thought it timely to do a refresh on the responsibilities of AOs in relation to authorising Permissions for Temporary Leave.

Temporary Leave is an important tool available to AOs in overseeing an effective but at the same time responsive approach to quarantine. It enables flexibility to respond to legitimate reasons why people may need to temporarily leave quarantine whilst at the same time enabling an effective approach to quarantine that protects the current risk to public health presented by COVID-19.

It is incumbent upon AOs to use it wisely, with discretion and with both the needs of the individual and the broader Victorian public in mind.

With respect to the permissions process, the details of how AOs are expected to implement permissions are outlined in sections 7.1 and 7.2 of the DAECC so the following should be read in conjunction with those sections of the document. Particular points I'd alert you to, both in the DAECC and evolving details of current practice (which I expect will likely be considered for inclusion into future versions of the document) include:

## 1. 1. Reasons to consider a Permission for Temporary Leave

As per 7.1 of the DAECC, there are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

- for the purpose of attending a medical facility to receive medical care
- where it is reasonably necessary for physical or mental health
- on compassionate grounds
- emergency situations.

It's important to note that, other than for medical treatment and fresh air breaks, the **default position when considering a request for permission for temporary leave is that it should not be granted unless there are compelling reasons** for the leave, for example attending a funeral or visiting a dying relative. Given the public health risk associated with allowing people in quarantine to access the broader community, I would expect, as per section 7.2 of the DAECC, AOs will consult with an AO Team Leader before authorising a permission.

## 2. 2. Duration periods for Temporary Leave

As per Section 7.2, Table 11, Item 13 of the DAECC, the duration of temporary leave should not exceed two hours (not including travel time) in order to minimise the risk of infection. So, if a detainee is seeking permission to visit a dying relative in Geelong, four hours would be the maximum expected permission given for the temporary leave (2 hours travel there and back and 2 hours visiting time).

**Given that the longer someone is permitted to be on leave from quarantine the higher the risk of infection spread, any request for temporary leave that will, in total, exceed 3 hours must be authorised by an AO Team Leader.**



### 3. 3. Verifying people's whereabouts during Temporary Leave

Prior to authorising a request for Temporary Leave (other than for a fresh air break or emergency medical reasons), the AO must undertake each of the following steps:

- Obtain from the person making the request the reason for the request;
- The name, address and contact phone number of the location that the person is requesting to visit.
- AO to call the location to be visited and verify the arrangements.
- From this information determine the time required for the person to be absent from the hotel.
- Discuss your recommendation with the AO Team Leader on duty prior to authorising the request
- Explain to the detainee the reasons for your decision and, where the request is approved, clearly explain the conditions applicable to the temporary leave including their expected departure time and return time.
  - **NB As per 2. above, if the proposed total time out of quarantine is to be greater than 3 hours, approval must be sought from the relevant AO Team Leader**
- Remind the person to keep a written record of who they have contact with for purposes of case contact tracing (in case they test positive in the future).
- Inform the DHHS Team Leader on site of the authorised leave and any arrangements they will need to put in place.

### 4. 4. Requests to visit family members in an aged care or medical facility

Requests by detainees to visit family members in an aged care or medical facility should only be considered where the family member they wish to visit is in palliative care or receiving end of life treatment.

Any such request **must not** be authorised until the relevant facility has been contacted and **permission has been given, by someone authorised to do so**, for the detainee to visit the premises.

### 5. 5. Record keeping

If a permission is given, details of the nature of the permission (including a picture of the permission form) **must be recorded** in the Compliance App, including the time that they returned to the hotel (in the notes for the leave), against the relevant person's record.

In closing, I want to reinforce the need for all AOs to familiarise themselves with the contents of the DAEECC document. In addition to ensuring you understand and can adhere to the responsibilities and expectations of the AO role, given how quickly things are evolving, your knowing the document will also enable you to provide feedback (to your Team Leader) on parts of the document that you believe require updating and/or further detail in order for it to be an effective operations manual for AOs working in the quarantine hotels into the future. We look forward to your feedback!

Regards  
Anthony

**Anthony Kolmus**  
Human Services Regulator  
Currently significantly redployed to COVID-19 response

Health and Human Services Regulation and Reform  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services  
p. REDACTED Email: REDACTED



Health  
and Human  
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

# PROCESS FOR ESCALATING REQUESTS FOR EXEMPTION FROM QUARANTINE

From: "Anthony J Kolmus" REDACTED

To: REDACTED  
 REDACTED  
 REDACTED "Anthony J Kolmus (DHHS)"  
 REDACTED  
 REDACTED  
 REDACTED "Danny Csutoros"  
 REDACTED  
 REDACTED  
 REDACTED  
 REDACTED  
 REDACTED  
 REDACTED "Noel Cleaves" REDACTED  
 REDACTED REDACTED ACT  
 REDACTED  
 REDACTED "State Emergency Management Centre SEMC (DHHS)" <semc@health.vic.gov.au>, REDACTED  
 REDACTED  
 REDACTED  
 REDACTED  
 Cc: "Noel Cleaves" REDACTED  
 REDACTED COVIDquarantine <covidquarantine@dhhs.vic.gov.au>, REDACTED  
 REDACTED  
 REDACTED  
 REDACTED "Meena Naidu" REDACTED  
 REDACTED "Michael Mefflin" REDACTED

REDACTED  
REDACTED  
"Merrin Bamert" REDACTED  
REDACTED  
"Anna Peatt" REDACTED  
REDACTED

**Date:** Wed, 15 Apr 2020 15:46:23 +1000

**Attachments:** Quarantine Exemption requests escalation guidance 15042020.docx (24.03 kB)

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Hi All,  
Pending any final work on this process, I've attached a draft guidance on the process to be used from herein for escalating requests from people in the hotels to be exempted from quarantine. My aim is to also send the attached out in a simple chart format asap.

If you have any questions can you please direct them to Noel, Paul, COVID Quarantine or myself.

Regards

Anthony

**Anthony Kolmus**  
**Human Services Regulator**

Health and Human Services Regulation and Reform  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services

REDACTED



Health  
and Human  
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.



**DRAFT GUIDANCE**  
**COVID-19 ESCALATION PROCESS FOR**  
**REQUESTS FOR EXEMPTIONS FROM PEOPLE IN QUARANTINE**

1. People in quarantine should email their request, with as much detail as possible, to [COVIDQUARANTINE@dhhs.vic.gov.au](mailto:COVIDQUARANTINE@dhhs.vic.gov.au)
  - a. Staff on the COVIDQUARANTINE email will forward this to the AO rostered on at the hotel at the time of the request to see if they know about the request and can add any further information to it (e.g from nurses / EM staff)
  - b. If it is a basic request covered by the Permissions protocol (ie. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly.
  - c. Anything more complex should be escalated by email to the relevant Compliance Manager assigned to that hotel (see AO Hotel Roster) and cc'd to COVIDQUARANTINE
  - d. If the Compliance Manager;
    - i. Makes a decision they delegate the implementation of that decision accordingly and cc COVIDQUARANTINE and the Compliance Lead.
    - ii. Does not believe they are authorised to make a decision on the request they should escalate it to the Compliance Lead (Anthony Kolmus) and cc COVIDQUARANTINE.
  - e. If the Compliance Lead;
    - i. makes a decision on the request they delegate the decision accordingly and cc COVID QUARANTINE.
    - ii. does not believe they have the authority to make the decision (for example any exemptions relating to travelling interstate or overseas must go to the CHO/DCHO) the matter is to be escalated directly to COVIDQUARANTINE with a recommendation and seeking a decision from the CHO/DCHO.
  - f. Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs the Compliance Lead who delegates implementation of the decision as relevant.
2. Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:
  - a. The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
    - i. The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
  - b. Remainder of process as per 1. b. above onwards.
3. Where a **person in quarantine at one of the COVID assigned hotels** has sent their request for an exemption directly to the [COVIDDIRECTIONS@dhhs.vic.gov.au](mailto:COVIDDIRECTIONS@dhhs.vic.gov.au) email address:
  - a. The request should be forwarded on to the COVIDQUARANTINE email address and the request will be escalated as per 1. a. above onwards.

NB Requests for information / a decision from members of the general public **not in quarantine** should remain with the COVIDDIRECTIONS cell and **not be directed to COVIDQUARANTINE.**

## RE: Proposed new policy for people being allowed to smoke or fresh and how to operationalise this

---

**From:** "Finn Romanes (DHHS)" REDACTED  
**To:** "Anna Peatt (DHHS)" REDACTED  
**Cc:** "Merrin Bamert (DHHS)" REDACTED "Noel Cleaves (DHHS)"  
 REDACTED "Meena Naidu (DHHS)"  
 REDACTED "Annaliese Van Diemen (DHHS)"  
 REDACTED  
**Date:** Sat, 04 Apr 2020 09:52:49 +1100  
**Attachments:** COVID-19 DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - Draft 4 March 2020.DOCX (377.32 kB)

Dear Anna

I'm not on today so will not have my phone on or check email.

However I did see a text and an exchange (below).

Noel and I agreed a process for AOs to understand for security escorts to enable smoking breaks if essential and it is in the Plan, attached. See page 30. Reproduced below.

This Plan is the only document that is formally endorsed by Public Health Command (DPHC) for these arrangements – I don't know of any other set of policies or processes that have been endorsed.

The plan is formally with Annaliese and Brett for Approval, but it is useable as the working approach now. Back to Annaliese.

Finn

### ***Procedure for a detainee / resident to leave their room for exercise or smoking***

*A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.*

*The steps that must be taken by the detainee are:*

- *Confirm they are well;*
- *Confirm they have washed their hands immediately prior to leaving the room;*
- *Don a single-use facemask (surgical mask);*
- *Perform hand hygiene with alcohol-based handrub as they leave;*
- *Be reminded to – and then not touch any surfaces internal to the hotel on the way out;*

*The procedure for the security escort is:*

- *Don a mask;*
- *Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water;*
- *Be the person who touches all surfaces if required such as the lift button, handles;*
- *Maintain a distance (1.5 metres) from the person;*

*There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.*

Dr Finn Romanes  
 Deputy Public Health Commander (Planning)  
 COVID-19 Public Health Emergency

REDACTED

Department of Health and Human Services  
 State Government of Victoria

**From:** Anna Peatt (DHHS)

**Sent:** Saturday, 4 April 2020 9:02 AM

**To:** Merrin Bamert (DHHS)

**Cc:** StateEmergencyManagementCentre SEMC (DHHS) ; Finn Romanes (DHHS)

**Subject:** RE: Proposed new policy for people being allowed to smoke or fresh and how to operationalise this

Hi Merrin – I will need to chase up and get back to you. Yes good to be working with you again, and we definitely have not caught up for ages! Anna

---

**From:** Merrin Bamert (DHHS) <[REDACTED]>

**Sent:** Saturday, 4 April 2020 8:42 AM

**To:** Anna Peatt (DHHS) <[REDACTED]>

**Cc:** StateEmergencyManagementCentre SEMC (DHHS) <[semc@health.vic.gov.au](mailto:semc@health.vic.gov.au)>; Finn Romanes (DHHS) <[REDACTED]>

**Subject:** Proposed new policy for people being allowed to smoke or fresh and how to operationalise this

Hi Anna

Lovely to have you on board, feel like we have not caught up for ages

We understand that there was a new directive or policy around how to manage smoking and some fresh air for people , Meena raised this was being considered.

Can we please have a copy of this as SEMC and our team leaders need to urgently draft a process to operationalise this for people

Thanks

Merrin

**Merrin Bamert**

Director, Emergency Management and Health Protection

South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

[REDACTED]

# COVID-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

Confidential and internal draft plan

4 April 2020 – 23:00

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## Background

In Victoria, the term 'physical distancing' will be used, in preference to the term 'social distancing'.

A recent summary of the value of social distancing in relation to the COVID-19 emergency was given as:

*“Social distancing is one of the key measures currently being utilised to contribute to Australia’s ability to severely limit transmission of COVID-19. This reduces the burden of disease in the community, and importantly, will ensure healthcare capacity is not overwhelmed at any given time. The health sector must continue to undertake its core functions, as well as maintain the capacity to support those with COVID-19 who require more intensive care.*

*The overarching goal of our recommendations is to slow the spread of the virus and flatten the epidemic curve. We all have both a community and individual responsibility to maintain social distancing and minimise interactions in order to protect the people we love. The aim is a population response, to reduce transmission to protect vulnerable populations.”*

## Purpose

This plan intends to:

- Provide clarity to all parts of the Department of Health and Human Services' (the department's) physical distancing response to coronavirus disease 2019 (COVID-19);
- Describe the strategy and protocols for the physical distancing response;
- Describe the compliance and enforcement policy for all directions, including mandatory detention policy;
- Inform internal and external communications collateral around physical distancing.

## Scope

In scope for this policy are:

- Physical distancing interventions in Victoria;
- Quarantine and isolation interventions in Victoria implemented for any reason.

## Authorising environment

### Chief Health Officer and Deputy Chief Health Officer

Under a state of emergency declared by the Victorian Government, the Chief Health Officer and Deputy Chief Health Officer have exercised powers to make a range of Directions that reflect physical distancing controls in Victoria, as described in Annexes to this plan.

### Emergency Management Commissioner and State Controller

State Controller (Class 2) is appointed to coordinate the overall response, working within the emergency management arrangements.

### National Cabinet

National Cabinet for COVID-19 has released statements of policy on social distancing (physical distancing). These are reported to have been based on advice from the Australian Health Protection Principal Committee (AHPPC). The AHPPC releases its advice in statements which are published online.

### Victoria Police

Advice has been sought from Legal Services as to the role of Victoria Police. As of 31 March 2020, Victoria Police will undertake a greater role in managing compliance in the community including issuing of infringement notices. As a result, the role of DHHS authorised officers in specific support to Victoria Police around compliance checks will

reduce as Victoria Police have a range of powers considered sufficient to investigate, including to issue infringements and fines.

## **Governance of physical distancing policy within the DIMT**

A Physical Distancing Cell will be chaired by the Deputy Public Health Commander – Planning, on behalf of the Deputy Chief Health Officer (Public Health Commander). This will include:

- a communications lead;
- an enforcement and compliance lead, and
- an evidence and policy lead.

## **Policy on control measures for physical distancing**

### **AHPPC recommendations to National Cabinet**

#### **Statements by AHPPC**

The Australian Health Protection Principal Committee (AHPPC) have made a number of statements on the matter of physical distancing (social distancing). These are available at TRIM location HHSF/20/7891, and on the web at <https://www.health.gov.au/news/latest-statement-from-the-australian-health-protection-principal-committee-ahppc-on-coronavirus-covid-19-0>

The most recent AHPPC statement was 30 March 2020.

### **National requirements from National Cabinet**

The National Cabinet has made announcements through the Prime Minister, including a statement relating to social distancing on 24 March and as recently as 30 March 2020.

### **Legal directions under emergency powers in Victoria**

#### **Directions work within legal services**

A team within the department's Legal Services Branch has been established, including order to draft Directions under the state of emergency, for the Chief Health Officer and Deputy Chief Health Officer. The Legal Services Branch is not available to provide third party legal advice on Directions and their compliance or otherwise.

#### **Process for creating Directions**

The process involves a number of steps, some of which are iterative as the policy underlying the Direction is developed.

These steps include – but are not limited to –

- Policy area develops a need for a Direction under the state of emergency;
- Legal services commence work to create instructions;
- Secretary finalises required directions content to Legal Services;
- Legal Services instructs parliamentary counsel to draft instructions;
- Final check undertaken with Chief Health Officer or Deputy Chief Health Officer;
- Direction is signed;
- Direction is published on the webpage;
- A communications approach is initiated, including a press release and frequently asked questions.



## Critical step in creation of Directions

The Deputy Chief Health Officer has identified a minimum requirement for an evidence-informed policy rationale to be recorded prior to the issuing of directions, and that this evidence-informed rationale extends beyond the general observation of a state of emergency having been declared. Such a short evidence summary could be produced by the Intelligence function.

## Directions

At the current time, Directions and detention orders are generally signed by Dr Annaliese van Diemen (Deputy Chief Health Officer) as authorised by the Chief Health Officer.

Consideration is being given to expanding the list of authorised officers who can sign directions to include other Senior Medical Advisors within the response who are Authorised Officers.

## List of Directions

The following directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

- *Direction on airport arrivals (Annex 1) – 18 March 2020 (revoked 30 March 2020 - still displayed for reference);*
- *Direction on cruise ships docking (Annex 2) – 19 March 2020 (revoked 30 March 2020 - still displayed for reference);*
- Direction on aged care (Annex 4) – 21 March 2020;
- Direction on hospital visitors (Annex 6) – 23 March 2020;
- Direction on isolation (diagnosis) – 25 March 2020;
- Direction on revocation of airport arrivals and cruise ship directions – 28 March 2020;
- Direction on detention notice – Undated (first posted 28 March 2020);
- Direction on stay at home – 30 March 2020;
- Direction on restricted activity – 30 March 2020.

## Summary of legally required actions in Victoria with a focus on physical distancing

The Directions in place are available online, and at the TRIM location HHSF/20/7901.

The summary of the key requirements in all seven active directions, across four themes, is below (linking to the Direction itself for more detail).

### Directions on visitors to aged care facilities – 21 March 2020

- Prevents entering or visiting aged care facilities unless goods and services are necessary, and if the person meets criteria for a suspected case or is ill or is not up to date with vaccination or is under 16;
- Some exemptions including employee, care and support, end of life visit.

### Directions on hospital visitors – 23 March 2020

- Prohibits non-essential visits to hospitals, including for categories of patients, workers and visitors;
- Exceptions include patients. Exemptions can be granted.
- Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms,

### Directions on isolation – 25 March 2020

- Prohibits movement out of isolation until a person is not longer required to be in isolation by DHHS but allows a person not in their home to go directly there after diagnosis.

### Direction – detention notice – 27 March 2020

- Orders the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a specified room in a hotel, with only limited reasons wherein leaving the room can be allowed.

Direction on stay at home – 30 March 2020

- Restricts the way by which people can leave their home making an effective requirement to stay at home except in certain circumstances, restricts gatherings to two people in most instances with some exceptions.

Direction on restricted activity – 30 March 2020.

- Expands restrictions on certain businesses and undertakings put in place as part of non-essential activities restrictions, for example to include playgrounds.

**Directions that have been revoked**

The following Directions have been issued but have been revoked. Information is included for reference.

Direction on airport arrivals -18 March 2020

- *Anyone who arrives at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia must self-quarantine for 14 days after arrival, if arrived after 5pm on 18 March 2020;*
- *Sets rules on being in quarantine – cannot leave home except in an emergency and cannot allow people to enter unless they live there.*

Directions on cruise ship docking – 19 March 2020

- *Anyone who disembarks at a port in Victoria from an international cruise ship or an Australian cruise ship (which is on a voyage from a port outside Australian territory) must self-quarantine for 14 days after arrival.*
- *Allows for some exceptions (goes interstate directly, or to hospital).*

Directions on mass gatherings – 21 March 2020

- *Non-essential mass gatherings are prohibited (not allowed to be organised, allowed or attended). A mass gathering means:*
  - *A gathering of five hundred or more persons in a single undivided outdoor space at the same time;*
  - *A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.*
- *In addition, the total number of persons present in the indoor space at the same time does not exceed the number calculated by dividing the total area (measured in square metres) of the indoor space by 4, meaning a limit of one person per four square metres (2x2m).*
- *Many specified exemptions, including for some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.*

Directions on non-essential business closure – 23 March 2020

- *Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms, places of worship, other specified businesses;*
- *No exemptions process is specified – it is an inclusive list.*

Directions on prohibited gatherings – 25 March 2020

- *Non-essential gatherings are prohibited from midnight on 25 March 2020 – not to be organised, allowed or attended.*
- *Adds two additional prohibited mass gatherings which are social sport gatherings and weddings and funerals.*
- *Specifies a density quotient, with examples.*
- *A mass gathering means:*
  - *A gathering of five hundred or more persons in a single undivided outdoor space at the same time;*
  - *A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.*
- *Many specified exemptions, including social sport gatherings (two or more people), weddings, and funerals (no more than 10 people – indoors or outdoors), some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.*
- *Allows for exemptions to be asked for and granted.*

### Directions on non-essential activities – 25 March 2020

- Prohibits categories of non-essential activity;
- Adds requirement for signage, cleaning and disinfection on businesses that remain open;
- Includes prohibition on licensed premises, personal training facilities, outdoor personal training limited to ten persons, entertainment facilities, non-essential retail facilities, food and drink facilities, accommodation facilities, swimming pools, animal facilities, auctions;
- Exceptions include essential public services such as food banks, wedding venues, recording of performances, time-limited haircuts, delivery of goods, densely packed markets (density rule), food and drink facilities in certain places (hospitals for example); some types of accommodation facility.

## **Announced stages of restrictions in Victoria**

### **Stage 1 restrictions**

Victoria announced 'stage 1 restrictions' on 22 March 2020 and 23 March 2020 and implemented effective midday 23 March 2020. These included:

- Bringing school holidays forward to commence starting on Tuesday 24 March;
- Ceasing non-essential business activity including:
  - pubs, bars or clubs, or hotels (other than to operate a bottleshop, take-away meals or accommodation),
  - gyms,
  - indoor sporting centres,
  - the casino,
  - cinemas,
  - nightclubs or entertainment venues of any kind,
  - restaurants or cafes, other than to the extent that it provides takeaway meals or a meal delivery service
  - places of worship, other than for the purposes of a wedding or funeral.

<https://www.premier.vic.gov.au/statement-from-the-premier-32/>

<https://www.premier.vic.gov.au/statement-from-the-premier-33/>

<https://www.premier.vic.gov.au/wp-content/uploads/2020/03/200323-Statement-From-The-Premier-1.pdf> (this includes a copy of the Deputy Chief Health Officer direction)

### **Stage 2 restrictions**

Stage 2 restrictions were announced on 25 March 2020. Further to the stage 1 restrictions, these further restrictions include:

- Ceasing operation of:
  - Recreation facilities (indoor and recreation facilities, personal training facilities, community centres and halls, libraries, galleries and museums, youth centres and play centres (other than for essential public services);
  - Entertainment facilities (in addition to entertainment facilities already covered in stage 1, stage 2 added theatres, music and concert halls, auditoriums, arenas, stadiums, convention centres, arcades, amusement parks, gambling businesses, brothels, sex on premises venues, and strip clubs);
  - Non-essential retail facilities (beauty and personal care, auction houses, market stalls - other than for the provision of food and drink and subject to density provisions);
  - Food and drink facilities (in addition to stage 1, stage 2 added fast food stores, cafeteria's and canteens, and food courts) but maintaining the ability to provide take away;
  - Camping grounds and caravan parks;
  - Swimming pools (other than private pools not for communal use);
  - Animal facilities (zoos including petting zoos, wildlife centres, aquariums or animal farms not for food production);

- Real estate auctions (other than remotely) and inspections (other than by appointment);
- Introduced a density quotient for retail facilities of 1 per 4m<sup>2</sup> and increased cleaning requirements;
- Introduced a restriction social sport gatherings;
- Limited attendees at weddings (5 people) and funerals (10 people).

Prohibits operation of non-essential businesses and undertakings to slow spread. Cafes and food courts must stop providing table service, but may continue to offer delivery and takeaway. Cafes and canteens may continue to operate at: hospitals, care homes and schools, prisons, military bases, workplaces (though only as a takeaway service). Auction houses, real estate auctions and open house inspections, non-food markets, beauty and personal care services.

<https://www.premier.vic.gov.au/wp-content/uploads/2020/03/200325-Statement-From-The-Premier-1.pdf>

### **Stage 3 restrictions**

These restrictions came into effect at midnight on 30 March 2020, and are:

- Gatherings are restricted to no more than two people except for members of your immediate household and for work or education purposes;
- Requirement to stay home will become enforceable;
- Playgrounds, skate parks and outdoor gyms will also close;
- There are only four reasons to be out:
  - Shopping for what you need – food and essential supplies;
  - Medical, care or compassionate needs;
  - Exercise in compliance with the public gathering requirements;
  - Work and study if you can't work or learn remotely;
- Moratorium on evictions introduced;
- Rules for weddings (no more than five people to attend) and funerals (no more than ten people can attend).

### **Essential services and non-essential services**

A listing of the Victorian classification of essential compared to non-essential is under development.

### **Summary of strong recommendations in Victoria on physical distancing (should) – top lines**

In addition to Directions, the Chief Health Officer provides a number of strong recommendations around physical distancing that are considered critical for suppressing any transmission of COVID-19 in Victoria at the current time.

The top lines at the present time are:

- Play your part and do the right thing or Victorians will die.
- Wash your hands.
- Cough into your elbow.
- Keep your distance from other people. Keep 1.5 metres between yourself and others
- Stay at home.
- If you can stay home, you must stay home.
- Stay in your own house and do not go to someone else's house.
- If you don't need to go out, don't go out.
- Do not go out if you are sick except to seek medical care.
- Shop for what you need, when you need it – do not go shopping unless you have to.
- If you can work from home, you should work from home.
- If you go to work, you must follow all the social distancing rules.
- Keep a distance of 1.5 metres is between yourself and others.
- Stop shaking hands, hugging or kissing as a greeting.

- Work from home where possible.
- If you have had close contact with a confirmed case of COVID-19 in the previous 14 days you must self-isolate and must not participate in community gatherings including community sport.
- Stay home if you are sick and don't expose others. If you are unwell with flu-like symptoms, do not go outside your property or home, do not go to work, school or shops unless it is essential – for example to seek medical care.
- Do not travel interstate, overseas or take a cruise. Avoid unnecessary travel.
- Everyone should avoid crowds if possible. If you must be in a crowd, keep the time short.

## Policy development and decision-making

### Evidence for physical distancing policies

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures.

Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

To ensure that Victoria's approach to physical distancing is informed by the best-available evidence, an evidence summary will be produced and updated as new results emerge from the global scientific community. The current summary of evidence for physical distancing is at **Appendix 2**. This will be updated regularly.

### International and national comparisons

Reports outlining the physical distancing interventions in place in other Australian states and internationally will be developed and updated on an ongoing basis. These will be updated weekly in the first instance, however the current summary of comparisons for physical distancing is at **Appendix 6**.

### Evaluation of physical distancing policies

A range of measures to evaluate the efficacy of all interventions will be developed. In the first instance, these measures will include those suggested by the AHPPC:

- Evidence for efficacy of strengthened border measures/ travel advisories: reduction in the number of imported cases detected over time;
- Evidence of efficacy of the reduction in non-essential gatherings and mixing group sizes: reduction in the average number of secondary infections per case, based on contact tracing;
- Evidence for the combined efficacy of case finding and contact quarantine measures augmented by social distancing: reduction in the rate of growth of locally acquired infected cases;
- Evidence for the effectiveness of isolation: time from symptom onset to isolation.

The Intelligence function will develop a framework for monitoring and advising on progress with the effectiveness of physical distancing interventions in Victoria, to inform understanding of the Chief Health Officer and other colleagues, including decision-makers.

## Next steps for physical distancing interventions

Scenario modelling and factors determining scaling back of physical distancing will be considered and incorporated in this section of the Plan.

Initial draft considerations relating to scaling back physical distancing interventions have considered – but not determined – whether factors like those listed below might prompt consideration.

Factors might include situations where:

- Societal tolerance of physical distancing measures is breached, or
- a vaccine is available and is being implemented, or
- underlying immunity ('herd immunity') is above a certain level (which is more than 70%, or calculated as  $1/R_0$ , based on current reproductive number of around 2.4-2.7), or
- transmission will lead to manageable illness within an agreed intensive care unit capacity level, or
- transmission has been interrupted, mitigated, or stopped for a certain period.

## Compliance and enforcement for physical distancing

### Purpose of this section

The purpose of this compliance protocol is to set out the compliance approach in relation to Deputy Chief Health Officer (D/CHO) directions under *Public Health and Wellbeing Act 2008* (PHWA).

### Scope of compliance and enforcement

The scope of enforcement and compliance activity will include persons and situations listed below:

- People under quarantine for any reason, including travel or close contact;
- People under isolation for any reason, including suspected cases and confirmed cases;
- Mass gatherings and any matter relating to any Direction relating to physical distancing, including visitation restrictions.

### Chain of command for enforcement and compliance

It has been agreed with the Chief Health Officer and Deputy Chief Health Officer that the chain of command for matters relating to physical distancing (especially and including enforcement and compliance actions) interventions – in particular the compliance and enforcement activities relating to directions - is:

- Chief Health Officer to
- Public Health Commander to
- Deputy Public Health Commander (Planning) to
- Director Health and Human Services Regulation and Reform to
- Manager Environmental Health Regulation and Compliance to (where necessary -
- Victoria Police).

### Strategy for compliance and enforcement

#### Intended outcome of compliance and enforcement activity

The outcomes being sought are to reduce the transmission COVID-19 through a range of interventions, including: quarantine for 14 days of those returning from overseas, isolation of those suspected to have or confirmed to have COVID-19, application of restrictions on non-essential mass gatherings, restricted entry into aged care facilities where vulnerable populations reside and closure of non-essential business. Actions should focus on achieving outcomes, be risk-based and minimise transmission risks in the Victorian community.

#### Strategy for focus of compliance and enforcement activity

The focus of activity will be on:

- Implementation of a mandatory detention program for new arrivals from overseas;
- Spot checks by Victoria Police of people who should be in quarantine or isolation;
- Mass gathering compliance and enforcement by Victoria Police.

These priorities will change, and likely expand into specific and more targeted risk-based compliance for highest-risk individuals in quarantine or isolation.

The department will consider enhanced monitoring arrangements and consider indicating to Victoria Police that other methods are considered, such as tracking of individuals through mobile phones, or random sampling calls to mobile phones of individuals if agreed. These methods are not yet formally under consideration.

#### Approach to compliance and enforcement – prioritisation framework for compliance activities

This will be based on a risk framework, based on public health risk.

An initial frame for Victoria Police was provided on 25 March 2020 and was:

- Cases diagnosed after midnight tonight.
- Passengers who have disclosed country visited in one of the higher risk countries? Which ones?
- Random selection of age cohorts from passenger list (of those who arrived less than 14 days ago) so that we can start to gauge which cohorts are the most likely to not comply.
- Pubs/clubs etc. (should be fairly easy to gauge with overnight crews.)
- Any allegations received from DHHS or VicPol Police Assistance Line.
- Selection of commercial premises mentioned in latest direction.

The proposed new preliminary order for focus of compliance and enforcement based on a public health risk assessment is (highest priority is first) from 26 March 2020 and updated 1 April 2020:

- Returned travellers from overseas who are in mandatory quarantine;
- Returned travellers from overseas who have indicated they do not intend to adhere to quarantine (self-isolation);
- Mass gatherings that are underway where there is alleged non-compliance with Directions;
- Cruise ships where there is potential or alleged non-compliance with Directions;
- Non-essential businesses where there is potential or alleged non-compliance with Directions;
- Confirmed cases who indicate they do not intend to isolate or are suspected not to be isolating;
- Known close contacts who indicate they do not intend to isolate or are suspected not to be isolating;
- Individuals where there is a report that a person is not adherent to quarantine or isolation;
- All other confirmed cases in relation to isolation Direction;
- All other close contacts;
- Prohibited gatherings (other than mass gatherings) that are underway or alleged non-compliance with Directions;
- Non-essential activities that are alleged to be non-compliant with Directions.

The Director of health and Human Services Regulation and Reform will communicate these priorities as a control agency advice to Victoria Police on a daily basis or as updated.

### **Linking members of the public to compliance action by Victoria Police**

Linking occurs by:

- Callers may select the social distancing advice line between 8am and 8pm at DHHS by calling 1800 675 398 and selecting option 2.
- Callers may speak to Victoria Police by calling 1800 675 398 and selecting option 4.
- Callers who come through to any other line should be referred to the 1800 675 398 line and advised to select option 4.
- Members of the public are encouraged to call the phone line, rather than emailing their concerns.
- If concerns are emailed from the public about compliance with directions excluding those that are about close contacts and confirmed cases, the email should be forwarded to the Victoria Police complaints inbox, which is [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

### **Department of Health and Human Services Liaison to Victoria Police**

The department has established a roster of Emergency Management Liaison Officers at the State Control Centre, associated with the Police Operations Centre. The roster for the EMLO is on the board at the State Emergency Management Centre.

The EMLO is provided with the details of the DHHS oncall Authorised Officer each day to pass onto the Victoria Police SPOC for the overnight periods when the EMLO position is unstaffed.



## **Department of Health and Human Services initiation of compliance activity**

If concerns are emailed from the public about compliance by close contacts and confirmed cases, the Operations Officer should oversee an investigation by the case and contact management team. If the case and contact management team assess that compliance action is required, they should contact the DHHS EMLO on the roster to agree how Victoria Police can assist, and may need to email details to the COVID-19 Victoria Police DHHS email address, which is [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au)

## **Peer influence, education and community awareness to guide approach**

It is anticipated that there will be high levels of voluntary compliance by those impacted by the Directions. This is due to high levels of community awareness, strong community support for measures to prevent transmission of COVID-19.

## **Exercising a Direction and considerations of enforcement**

DHHS authorised officers are empowered to direct a person to comply with a D/CHO Direction (exercising the emergency powers). Victoria Police can assist an authorised officer to exercise a direction. Victoria Police are now undertaking a range of actions, including enforcement actions such as infringements.

Consideration of enforcement action, such as a prosecution under the PHWA, should generally only be pursued where there is a deliberate intention to not comply and/or repeated failure to comply with a direction.

## **Victoria Police COVID 19 Taskforce Sentinel**

A Victoria Police taskforce of 500 officers will promote and assess compliance with directions and perform spot-checks, such as visiting those who have recently returned from overseas. The taskforce is coordinated through the Police Operations Centre. Information for spot checks can be provided directly to through Victoria Police SPOC.

## **Victoria Police support to DHHS compliance activity**

Victoria Police (VicPol) will support DHHS to respond to allegations of non-compliance with the directions. This includes:

- receiving reports of non-compliance with directions through the Victoria Police Assistance Line (1800 675 398 – option 4);
- seeking to influence compliance and address non-compliance through spot checks, reiterating obligations, providing education and issuing infringements;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

## **Contacting the Victoria Police Special Operations Centre**

Victoria Police Special Operations Centre private number is **REDACTED** if a senior officer in DHHS needs to contact the SPOC directly for an urgent reason.

The DHHS EMLO to Victoria Police is available through a roster in the SEMC.

## **Infringements**

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences to strengthen enforcement specifically around the emergency and public health risk powers. These are:

- hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units);
- refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse (10 penalty units for natural person and 30 penalty units for body corporate);
- refuse or fail to comply with a direction given to, or a requirement made of, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate);
- refuse or fail to comply with a direction, or a requirement made of, a person in the exercise of a powers under a authorisation (10 penalty units for natural person and 60 penalty units for body corporate).

## **Data management to support compliance and enforcement**

### **Department obtaining data on travellers for compliance**

Authorised officers are responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes. This upload will occur under the accountability of the Director of Health Regulation and Reform. Final arrangements being confirmed

### **Provision of data on agreed priority groups to Victoria Police for enforcement and compliance purposes**

On the direction of the Chief Health Officer, the Intelligence Officer has established a secure data portal for DHHS-Victoria Police data secure data sharing and provided a limited number of named Victoria Police officers in the COVID-19 response access. Information is being uploaded from Isolation Declaration Cards to a spreadsheet and then provided to the Intelligence Officer, who are then providing that information to Victoria Police for compliance purposes by a secure portal, on a daily basis. In conjunction with the priorities for compliance, Victoria Police can then take directed action. An information sharing agreement is under development.

Twice each day, the Intelligence Officer or delegate will upload the following to the data portal:

- Instructions on the use of the data;
- All active close contacts;
- All non-recovered confirmed cases;
- All new arrivals via scanned and uploaded Isolation Declaration Cards.

In coming days, data will be widened to include other groups if authorised by the Chief Health Officer. Further work is required to formally provide information on other categories for priority compliance activity

### **Specific procedures to support compliance and enforcement**

Personal protective equipment for authorised officers is provided through the PPE Taskforce and the Equipment and Consumables Sector of the response. This plan will specify source.

### **Digital platforms to aid contact tracing and enforcement and compliance**

The department will be implementing a new contact system to send daily health monitoring SMS messages to close contacts of confirmed COVID-19 cases and recently returned travellers who must isolate for fourteen days.

This system will use an Australian based system called Whispr to send messages to contacts in the department's public health monitoring systems.

People who receive these messages will be required to check in daily to:

- Confirm that they are in quarantine
- Whether they are well or experiencing COVID-19 symptoms
- Whether they have been tested and waiting for results.

Close contacts and returned travellers who are not isolating will be flagged by the system and can be further followed up as required.

This system became active from 26 March 2020.

Further work is underway to explore other systems for automating case and contact tracing.

### **Management of advice and exemption requests not relating to mandatory quarantine**

There is no exemption clause in the Restricted Activity Direction (formerly Essential Services Direction). There is an area where exemptions occur which is in clause 11 of the Hospital Visitor Direction.

Exemptions can only be considered when there is a provision within the Direction to allow an exemption to be considered.

The Directions and Detention order give rise, broadly, to three kinds of request for advice or consideration by individuals and the public –

- Permission to leave detention requests from people in detention in Victoria;
- Exceptional circumstances requests for people seeking to not be ordered into detention (who have not yet arrived in Victoria from overseas); and
- All other requests for advice in relation to Victoria's Directions (including exemption requests for certain parts of Directions).

Only this last category will be dealt with in this part of the Plan (all other requests for advice in relation to Victoria's Directions). The other two categories will be dealt with in the Mandatory Quarantine section of this Plan.

To be specific, requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function if they occur, and there should generally be a presumption that these requests are forwarded immediately (within two hours) to the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) email address for review by an Authorised Officer working directly to the Compliance Lead, as these are a high priority category of requests. The Authorised Officer will then follow the process outlined in a subsequent section of this Plan.

### **Process for seeking advice or requesting exemptions in relation to the Hospital Visitor Direction or other Direction**

The Authorised Officer should provide advice to the requestor consistent with the *COVID -19 DHHS Physical Distancing Plan* and the Directions that are in force. The Plan is an internal document and is not for provision to members of the public. Instructions in the Directions should generally be emphasised.

Further information and consultation for an exemption relating to a direction can be undertaken by calling 1800 675 398.

The process is:

- Members of the public can submit requests to the COVID Directions inbox, including in relation to asking for advice on directions, requesting an exemption in relation to the Hospitals Visitor Direction (although that is unlikely) or in relation to asking to not have a detention order applied, or requesting a grant of leave (permission) from detention;
- Requests for advice (or Hospital Visitor exemptions) that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether advice should be provided verbally or whether advice is appropriate in writing to resolve the request, noting legal advice can be sought at any time;
- Requests are then assigned into three categories –
  - Priority 1 requests – where there is a same day urgency and importance is high;
  - Priority 2 requests – where there is complexity, lower urgency and / or medium urgency;
  - Priority 3 requests – where the authorised officer has determined that advice is given by the call centre function or staff with no further action, preferably verbally or in some rarer cases in writing;
- For priority 3 requests or where the call centre lead determines the matter is clear, if advice in writing is deemed appropriate, a written response should generally only be provided using an agreed template response, as it is preferable that advice is generally verbal in relation to directions (**Appendix 6**);
- For priority 2 requests and only where the call centre lead needs further advice, these should be batched and provided as a set of emails including a recommendation in each to an informal panel of the Deputy Public Health Commander, Compliance Lead and Legal Services to be convened every 24 hours if needed;

- For priority 1 requests, the call centre lead should email through details and a recommendation and call the Authorised Officer working directly to the Compliance Lead and discuss, and can initiate calls to the Compliance Lead at the time;
- If a request is deemed reasonable to meet, the Compliance Lead submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and may call the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
- The Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
- The Public Health Commander communicates the outcome and the Compliance Lead is authorised to enact the outcome.
- Police will then be advised where any exemption is granted by the Public Health Commander via the [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) that have relevance for enforcement and compliance by Victoria Police.

The Authorised Officer should then notify the requestor in writing the outcome of the decision of the Public Health Commander.

Formal documentation placed into the TRIM folder by the Deputy Public Health Commander or a tasking officer.

An audit of requests to check responses will be undertaken in due course, including a review of how advice was communicated publicly, if at all.

## **Protocols for investigating and managing potential breaches of Directions**

Information is included here for reference, as Victoria Police have assumed a more independent role as to undertaking compliance and enforcement activity, with strategic direction as to highest risk groups.

### Action to achieve compliance and address non-compliance

Following advice that Victoria Police can enforce directions, from 30 March 2020 Victoria Police is the primary agency responsible for investigating allegations of non-compliance and undertaking enforcement action, including the issuing of infringement notices.

Prior to this advice, existing arrangements involved referring alleged breaches to Victoria Police for investigation. If needed, Victoria Police would request DHHS authorised officer action and assistance, such as for issuing a direction.

Victoria Police may contact the DHHS Emergency Management Liaison officer seeking advice or clarification of particular circumstances

## **Reporting and evaluation of compliance and enforcement**

The department proposes a range of checks or surveys of individuals who are directed to be in quarantine or isolation, including checks or surveys, and key metrics for evaluation. More detail will be developed in due course. Victoria Police provide a daily report on enforcement and compliance activity.

## Plan for people returning from overseas to Victoria

### Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by creation of a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at <https://www.dhhs.vic.gov.au/state-emergency>

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection;
- To ensure effective isolation of cases should illness occur in a returned traveller;
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days;
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required;
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database;
  - A requirement to undertake checks every 24 hours by an authorised officer during the period of detention;
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

### Governance and oversight of the mandatory quarantine (detention) intervention

#### Lead roles

The Chief Health Officer and Deputy Chief Health Officer have instituted a policy, in keeping with a conclusion from National Cabinet, that leads to issuance of detention orders for people returned from overseas.

The following lead roles are involved in the oversight of the mandatory detention intervention:

- Deputy Chief Health Officer – decision to issue a detention notice or not;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on requests where a decision is needed whether to grant leave (permission);
- Director Health Regulation and Reform – is the Compliance Lead, for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention orders (for example including moving a person from one room to another);
- Deputy State Health Coordinator – lead for healthcare provision to persons in detention;
- Director Health Protection and Emergency Management – lead for welfare and implementation of healthcare provision to persons in detention;
- Department of Health and Human Services Commander – lead for logistics for provision of mandatory detention involving transport and accommodation.

#### Information management for people in mandatory detention

A business system is being developed by BTIM to assist with the management of the healthcare and welfare for people included in this intervention.

That system articulates with the PHESS database through a common link key.

Critical information about people in mandatory detention will be uploaded to PHESS at two points in the day as a download from the business system to be used.

To be determined: the master source of who has exited the airport in mandatory detention.

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention.



The Enforcement and Compliance section will ensure identities and basic compliance information of all persons in detention are entered onto PHESS through the twice daily upload process from the completed business system.

As a parallel system, Isolation Declaration Card (IDCs) are collected at the airport and batched and sent to an Australia Post call centre. The data is entered into a spreadsheet and sent to DHHS for cross entry into PHESS. This process takes approximately 24 hours. This can then be reconciled with any passenger list or people in detention list.

## **Enforcement and Compliance Command for Mandatory Quarantine**

### **Deliverables of the enforcement and compliance function**

The Director of Health Regulation and Compliance role is responsible for:

- Overall public health control of the detention of people in mandatory quarantine;
- Oversight and control of authorised officers administering detention;
- Administration of decisions to detain and decision to grant leave from detention.

### **Authorised officer\* and Chief Health Officer obligations**

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

DHHS staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the CHO. This authorisation under s.199 has an applicable end date; relevant AOs must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the DHHS Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on DHHS authorised officers including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.*

### Required authorised officer actions at the airport

The lead for this situation is the Compliance Lead through a lead Authorised Officer.

DHHS Authorised Officers\*:

- declare they are an Authorised Officer and show AO card [s.166] **(mandatory AO obligation)**
- must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:
  - explain the reasons for detention [s. 200(2)] **(mandatory AO obligation)**
  - warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply [s. 200(4)] **(mandatory AO obligation)**
- ensure the Direction and Detention Notice:
  - contains the hotel name at which the person will be detained
  - states the name/s of the person being detained
- record issue and receipt of the notice through a scanned photograph and enter into business system
- if necessary, facilitate a translator to explain the reasons for detention
- facilitate any reasonable request for communication, such as a phone call or email [s. 200(5)] **(mandatory AO obligation)**
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.
- use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.
- check the vehicle transporting detainees is safe (in accordance with the review of transport arrangements procedure)

If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.

\*DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

### Authorised Officer review of transport arrangements

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and detainees?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then vehicle must be cleaned in accordance with DHHS advice (business sector tab).
- Ensure the driver required to wear PPE?
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each detainee to complete enroute or at the hotel?

### People who are unwell at the airport

The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a DHHS staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment;
- The authorised officer from DHHS at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel.
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (comments as above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

### Requirement for review each day

- DHHS AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- DHHS AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - any other issues that have arisen.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>1</sup> becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

### Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO going onto the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).



- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc.
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

### **Charter of Human Rights considerations in decision-making making process**

AO should consider the Charter of Humans Rights when exercising emergency powers and reviewing a person's detention every 24 hours, namely:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment** – This includes protecting detainees from humiliation and not subjecting detainees to medical treatments without their consent
- **Right to freedom of movement** – While detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – This includes protecting the personal information of detainees and storing it securely
- **Right to protection of families and children** – This includes taking steps to protect facility and children and providing supports services to parents, children and those with a disability
- **Property rights** – This includes ensuring a detainee's property is protected
- **Right to liberty and security of person** – this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** - This includes treating detainees with humanity

### **Mandatory reporting (mandatory AO obligation)**

A DHHS AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

### **Grant of leave from the place of detention**

This is a different legal test to that which applies after the notice is issued. It relates solely to the granting of leave (permission) and requires a different process and set of considerations.

The detention notice provides for a 24-hour review (which is required by legislation) to assess whether ongoing detention is needed, and, in addition, a person may be permitted to leave their hotel room on certain grounds, including compassionate grounds.

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is

made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

### **Potential mechanisms for grant of leave from detention**

Noting that there are broadly two mechanisms available to the authorised officer on behalf of the Compliance Lead / Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the authorised officer (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained.

The Public Health Commander could determine that detention should be served in an alternative location to a hotel, by writing a detention order to that effect.

### **Potential reasons for permission to grant leave from detention**

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be exceptional and always based on an individual review of circumstances.

In the following circumstances there could be consideration of permission grant after an application to the Deputy Chief Health Officer however this will require permission:

- A person who has a medical treatment in a hospital;
- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- An unaccompanied minor (in some circumstances – see below);
- Instances where a person has a reasonably necessary requirement for physical or mental health or compassionate grounds to leave the room, as per the detention notice.

Note that the last category is highly subjective. This means it is the expectation of the authorising environment that exemption applications on those grounds are made on exceptional circumstances.

### **Process for considering requests for permission to leave or not have detention applied**

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects their ability to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in **REDACTED** and **REDACTED**.

### **Considerations**

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function, and should always be funnelled through the COVID Directions inbox. That will allow that inbox to be a complete repository of all categories of requests for permission, exceptional circumstances requests and advice / exemption requests.

There should then be a presumption that these requests are forwarded immediately (within two hours) to [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for review by an Authorised Officer working directly to the Director lead for compliance and enforcement, as these are a high priority category of request.

## Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

### 1. For the purpose of attending a medical facility to receive medical care

- D/CHO or Public Health Commander will consider circumstances determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- In particular circumstances, an on-site nurse may need to determine if medical care is required and how urgent that care may be. DHHS AO officers and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Regulation and Compliance officer to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.

### 2. Where it is reasonably necessary for physical or mental health; or

See *policy on permissions and application of mandatory detention*

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- If approval is granted:
  - the AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, DHHS authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which detainees are temporarily outside their premises at any one time.

### 3. On compassionate grounds;

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention*
- The AO must be notified if a detainee has been granted permission to temporarily leave their room and under what circumstances.

### 4. Emergency situations must also be considered.

- DHHS authorised officers and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to detainees
- if deemed that numerous detainees need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- the accompanying DHHS authorised officer or a Victoria Police officer should ensure that all relevant detainees are present at the assembly point by way of a register of detainees.

The process for a person not yet in detention is:

- Members of the public who wish to ask for detention not to be applied, or permission to be granted to leave, have the option of submitting a request in writing to the COVID Directions inbox;
- Authorised officers should also use the COVID Directions inbox to submit requests for detention not to be applied or permission to be assessed so that the COVID Directions inbox is a complete funnel for handling these requests;

- All requests for permission that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management (lead for COVID-19 Directions) who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether the application should proceed to the next step. There is a policy view – outlined in this Plan – that exceptional circumstances are generally required for the Authorised Officer to NOT issue a notice of detention for an overseas arrival;
- If a request is determined to require to proceed, it should then be sent to [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for review by the AO reporting directly to the Direct E+C;
- The Compliance Lead will seek legal advice and a discussion with the Deputy Public Health Commander urgently if required;
- The outcome will be recorded in writing and communicated back to the COVID Directions team and requestor in writing.

### **Policy on unaccompanied minors**

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly;
- Person can easily contact parent / guardian;
- Has adequate food;
- Remote education is facilitated.

A draft detention notice is being put together by Legal Services should this be required.

#### When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

#### When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

Whilst it may be acceptable for older children (16 – 18 year old) to be in quarantine without their parent(s) or guardian, it's likely to be unacceptable for younger children (12 or 13 years old or younger) and in that situation it's more appropriate to defer an alternative arrangement (i.e. parents join them in quarantine or quarantine at home).

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

We'll need to ensure that authorised officers monitoring unaccompanied minors have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

#### When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

#### When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at Appendix 7.
- A guideline for authorised officers in this respect is found at Appendix 8.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and department.

### **Working with Children Checks and Child Safe Standards**

DHHS will work with Department of Justice and Community Safety to facilitate Working With Children Checks for Authorised Officers.

### **Escalation of issues**

Should an AO become aware of any concern about a child, the AO must:

- contact DHHS welfare teams immediately
- contact after hours child protection team and Victoria police if AO thinks a child may be harmed

### **Release from mandatory quarantine (detention) after 14 days**

The fourteen-day period is calculated from the day following arrival of the person in Australia and ends at midnight fourteen days later/

DHHS Authorised Officer prior to release should:

- review the case file and ensure the 14 day detention has been met.
- liaise with on-site nurse to check the detainee meets the following – i.e. no symptoms of COVID-19 infection;
- any physical checks of the room (damage, missing items, left items etc).

### **Supporting detainee to reach their preferred destination:**

- DHHS organise for the detainee to be transported to their destination by completing a cab charge, Uber or appropriate mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

DHHS AO to update the business systems database with details of release.

### **Options to facilitate compliance**

DHHS authorised officers should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide an DHHS authorised officer:

- explain the important reasons for detention, that is this action is necessary to reduce the serious risk to public health (**mandatory obligation**)

- provide the person subject to detention with a fact sheet and give opportunity to understand the necessary action
- provide the person subject to detention opportunity to communicate with another person, including any request for a third-party communicator (such as translator), family member or friend (**mandatory obligation**)
- seek assistance from other enforcement agencies, such as Victoria Police, to explain the reason for detention and mitigate occupational health and safety concerns
- discuss matter with on-site nurse to ascertain if there are any medical issues that may require consideration or deviation from the intended course of action
- issue a verbal direction to comply with the Direction and Detention Notice
- advise that penalties may apply if persons do not comply with the Direction and Detention Notice
- recommend that Victoria Police issue an infringement notice if there is repeated refusal or failure to comply with a direction
- recommend Victoria Police physically detain the non-compliant individual for transfer to another site.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches the direction.

#### **Transfer of uncooperative detainee to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)**

It is recommended that a separate mode of transport is provided to uncooperative detainees to hotel or other for 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

#### **Unauthorised departure from accommodation**

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the DHHS authorised officer should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, DHHS authorised officer should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches a direction.

#### **Occupational health and safety for Authorised Officers**

See **Appendix 9** for Occupational health and Safety measures.

## Logistics for Mandatory Quarantine

### Deliverables of the logistics function

The Director of the Office of the Secretary in DJPR role is responsible for:

- contract management with accommodation providers;
- transport arrangements from the airport;
- material needs including food and drink.

### Airport and transit process

The lead for this situation is the DHHS Authorised Officer.

Passengers pass through immigration, customs and enhanced health checks before being transferred to their hotel.

- Every passenger is temperature checked by a registered nurse (RN) contracted by DHHS.
- Every passenger is handed a copy of the direction and a detention notice by a DHHS Authorised Officer (AO) authorised under the emergency provisions of the *Public Health and Wellbeing Act 2008*.
- Every passenger is provided an information sheet by DHHS.
- Passengers are met by VicPol/Border Force and escorted to organised buses for transport to the hotel.
- Every passenger is given a single-use facemask to wear while in transit to their hotel room.
- Every passenger is given a welfare survey to fill out on the bus or at the hotel.

## Health and welfare for Mandatory Quarantine

### Deliverables of the health and welfare function

The Deputy State Health Coordinator role is responsible for:

- provision of healthcare to detainees;
- provision of welfare to detainees through the Director Health Protection and Emergency Management.

### Potential threats to health and wellbeing of people in mandatory detention

Potential risks associated with detention of returned travellers for compulsory 14-day quarantine can broadly be divided in physical or mental health risks.

Physical risks	Mental health risks
Transmission/development of COVID-19	Family violence
Transmission of other infectious diseases	Depression
Other medical problems	Anxiety
Diet – poor/imbalanced diet, food allergies/intolerances, over-consumption	Social isolation/loneliness
Lack of exercise	Claustrophobia
Lack of fresh air	Drug and alcohol withdrawal
Smoking – nicotine withdrawal, risk of smoking within rooms/fire hazard	

### Tiers of risk for persons in mandatory detention

- Residents will be triaged into three tiers of risk. The type of welfare check will depend on the tier the passenger falls into.



- For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.
- Automated text messages are sent to all passengers in tier 3 via Whispir.
- Residents may be moved between risk tiers throughout their quarantine period as need dictates.

Risk Tier	Risk factors	Welfare check type
Tier 1	Residents with suspected or confirmed COVID-19 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions)	Daily phone call
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispir)

### Arrival at hotel – check in

At hotel check-in:

- Detainee provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Detainee provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify detainees with medical or special needs.
- AO to note detainees with medical or special needs, such as prescription and medical appointments.

Persons will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

### Welfare and health service provision

- Residents will have a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:



- Primary care assessments;
- Prescription provision;
- 24 hour access to a general practitioner;
- 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### **Conduct of a welfare check**

A welfare check will allow passengers to be assessed for medical and social issues, and concerns flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. A welfare check will be conducted by a DHHS officer which is included as a script at **Appendix 5**.

### **Safety / mental health**

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

### **Family violence (FV)**

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

### **Alcohol and other drugs**

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

### **Diet**

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.
- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with staff.
- Ensure access to additional food if required.

### **Exercise and fresh air**

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

- Residents should be provided with resources for exercise routines and yoga/mediation that they can perform safely within their rooms.

### **Procedure for a detainee / resident to leave their room for exercise or smoking**

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.

The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask);
- Perform hand hygiene with alcohol-based handrub as they leave;
- Be reminded to – and then not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask;
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

### **Social and communications**

- All residents should have access to **free** wifi/internet where at all possible.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.
- Toys and equipment should be provided for small children if possible.

### **Care packages for people in detention**

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in detention. The care package should be provided to the hotel reception or other party for conveyance to the person in detention and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in detention without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

### **Smoking policy for people in detention**

As part of the emergency response to COVID-19, individuals have been confined within hotels while under quarantine. The movement of these people has been restricted to hotel rooms, without access to outdoor spaces, where they can smoke.

#### Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

In many cases, hotels have implemented their own smoke-free policies in rooms as the smoke is likely to enter the centralised air conditioning systems resulting in occupants of other rooms and staff being exposed to the smoke. Smoke also remains on the surfaces of the room and permeates soft furnishings meaning that it remains in the

room and exposes staff cleaning the room to the remaining residual smoke. The Department of Health and Human Services supports and encourages hotels to designate their rooms smoke-free.

If smokers were to be permitted to leave their rooms for supervised cigarette breaks, they would need to be taken to an area that does not constitute an enclosed workplace. This might be a balcony, roof top or other outdoor area. This area should preferably be away from open windows, doors and air conditioning intake points.

#### COVID-19 and smoking

The World Health Organization (WHO) has advised that any kind of tobacco smoking is harmful to the bodily systems, including the cardiovascular and respiratory systems, and puts smokers at greater risk in the context of COVID-19. Information from China, where COVID-19 originated, showed that people with cardiovascular and respiratory conditions, including those caused by smoking, were at higher risk of developing severe COVID-19 symptoms and death.

The Victorian Chief Health Officer has recommended that quitting smoking reduces the health risks associated with COVID-19.

#### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable to smoke. This includes mental health facilities, prisons and, if people are unable to leave, hospitals. In these circumstances, individuals are supported to manage cravings using pharmacotherapies such as nicotine replacement therapies.

#### Victoria's Charter of Human Rights and Responsibilities

Removing the ability to smoke would be compatible with the *Charter of Human Rights and Responsibilities Act 2006 (the Charter)*, as it would be for the purposes of protecting the right to life. Section 9 of the Charter states that "Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life."

#### Options

##### *Option 1: Provide support for smokers to quit or manage cravings (Recommended)*

The preferred option, for both the benefit of the individual and broader community would be to support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

This could be easily managed through the provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. Quit Victoria has recommended a box of patches and an intermittent form of NRT such as a spray. These items are available for purchase without a prescription from a range of retailers including pharmacies and some big supermarkets.

Other pharmacotherapies, like zyban or champix, would require a prescription from a GP and are designed to help people completely quit as opposed to a short-term measure for people who are forced to stop smoking abruptly. These medications can take a while to take effect and, with champix, the advice is to continue smoking until it starts to impact on your cravings which means that it would not be an appropriate option for the circumstances.

Addiction to cigarettes includes both nicotine dependence and a behavioural and emotional dependence, which is why counselling plus pharmacotherapy is required. Someone who is heavily addicted will crave a cigarette every 45-60 minutes.

Telephone counselling is available via the Quitline - 13 78 48

Even if someone doesn't want to quit, Quitline can help them reduce the number of cigarettes they smoke.

People can also contact their regular general practitioner via telehealth.

##### *Option 2: Relax no smoking restrictions for the hotel rooms*

While it would be legally possible to enable people in quarantine to smoke in their rooms, this option is not recommended. This would have an adverse impact on hotels and their staff and goodwill in the circumstances. It

would also increase the health risks of individuals potentially already at risk of COVID-19. When sharing a room with children, smoking should not be allowed.

### *Option 3: Accompany individuals to leave the room to smoke*

While it would be possible to create a smoking area for people wishing to smoke, such as in an outdoor drinking area attached to a bar or restaurant facility, this option is not recommended. Allowing people to leave their hotel rooms to smoke undermines the quarantine restrictions being put in place. The individuals would need to be accompanied by security guards and might need to travel floors via lifts to access an outdoor area or leave the building.

Even if we assume, that the hotel is not currently operating for other customers, movement in the hotel creates an increased risk for staff and a need for greater vigilance in cleaning and maintaining distance.

### Current policy for smokers in mandatory quarantine

The following actions should occur –

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;
- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
  - They return immediately to their hotel room.

### **Other health and wellbeing issues**

- All residents should be given the contact information for support services such as Lifeline at the beginning of their quarantine period (the information sheet they are provided with at the airport should also have these contact numbers).
- Residents should have access to fresh bedlinen and towels as required.
- Care packages may be permitted for delivery to residents under certain circumstances and subject to checks by AOs.
- Residents can be provided with up to three standard drinks per day if there is a risk of alcohol withdrawal (this is in preference to prescribing benzodiazepines for withdrawal).
- Other residents can also request alcoholic drinks as part of their food and drink provisions.
- Smoking breaks or NRT should be offered to all smokers if feasible.

### **Actions to detect and test for COVID-19 amongst people in mandatory detention**

The following are the actions to enact this:

- Detainees will be asked daily (via phone or text) if they have symptoms consistent with COVID-19. These include but are not limited to fever, cough, shortness of breath and fatigue.
- The nurse onsite will be notified. The nurse will call the detainee (patient) and assess them over the phone. If face to face assessment is required, the nurse will assess them in the room with appropriate PPE.
- Security staff in PPE (masks and gloves) will accompany all nurses visiting hotel rooms. They will wait outside unless requested to enter by the nurses (full PPE is required to enter rooms).
- The nurse will assess the patient for symptoms of coronavirus. If deemed necessary, they will take swabs to test for COVID-19.
- If the patient is well enough, they can remain in quarantine at the hotel to await the test results. If they are sharing a room with another resident, they should be moved to a separate room if feasible and according to availability of rooms. If separation is not possible, they should practise physical distancing as far as is possible.

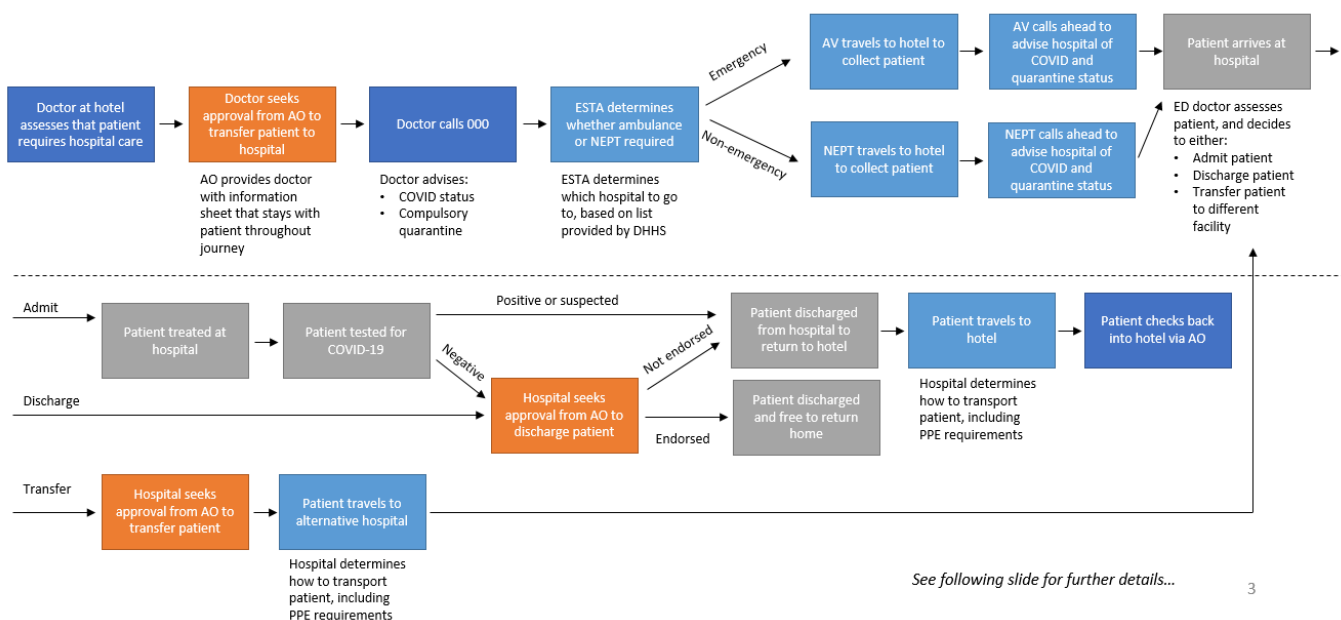
- If the test is positive and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required, depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

### Hospital transfer plan

- Passengers requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is non-urgent, contact DHHS.
- If the hospital transfer is urgent, contact the Admitting Officer at RCH/RMH/the Alfred.
- Inform the hospital of patient and details.
- Call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer.
- AO must view appropriate authorisation.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.

A flowchart for a process to transfer passengers to hospital in an unplanned manner is below.

## Process to transfer passengers to hospital (unplanned)



3

<b>LEGEND</b>	<b>HOSPITALS IN SCOPE</b>	<b>INFORMATION SHEET</b>
<ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #0056b3; margin-right: 5px;"></span> Patient at hotel</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #4f81bd; margin-right: 5px;"></span> Patient in transit</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #808080; margin-right: 5px;"></span> Patient at hospital</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #e67e22; margin-right: 5px;"></span> AO decision</li> </ul>	<p>People subject to a direction and detention order will be housed in hotels in the Melbourne CBD. As such, it will only be practicable to transfer patients to hospitals in the inner-Melbourne area.</p> <p>The following hospitals are in scope for unplanned presentations:</p> <ul style="list-style-type: none"> <li>• Royal Women’s Hospital</li> <li>• Royal Children’s Hospital</li> <li>• Royal Melbourne Hospital</li> <li>• The Alfred</li> <li>• St Vincent’s Hospital</li> </ul>	<p>When the AO approves the patient to be transferred to hospital, the AO provides the hotel doctor with an information sheet that must stay with the patient throughout their journey.</p> <p>The information sheet contains information to support AV/NEPT and the hospital to ensure the patient’s compliance with the direction and detention notice, including:</p> <ul style="list-style-type: none"> <li>• Key notice requirements (e.g. period of enforced quarantine)</li> <li>• Room arrangements (e.g. single room only)</li> <li>• Visitor requirements</li> <li>• Security requirements</li> <li>• Instructions for seeking AO endorsement to transfer or discharge the patient</li> </ul>

### **Actions for confirmed cases of COVID-19 in people in mandatory detention**

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers.

### **Personal protective equipment (PPE)**

Staff who engage with monitoring or assisting persons in mandatory detention in person:

1. Apply standard infection prevention and control precautions at all times:
  - a. maintain 1.5 metre distance
  - b. wash your hands or use anti-bacterial agents frequently
  - c. avoid touching your face.
2. Every situation requires a risk assessment that considers the context and client and actions required.
3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
  - a. fluid-resistant surgical mask (replace when moist or wet)
  - b. eye protection
  - c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

### **Cleaning of rooms**

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room.

### **Reporting and evaluation on mandatory quarantine**

A report will be prepared to summarise the activity of the program, and provided to the Deputy Chief Health Officer on a regular basis in confidence.

## Communication and education

A communications plan for physical distancing is being developed to ensure the public receive timely, tailored and relevant advice on physical distancing measures.

The current collateral for the Victorian public and health sector to communicate on physical distancing requirements in Victoria includes items on the web and other locations:

### Stay at home and restrictions:

- Coronavirus website homepage tile and webpage with detailed information on restrictions:
- [www.dhhs.vic.gov.au/stay-home-and-restricted-activities-directions-frequently-asked-questions](http://www.dhhs.vic.gov.au/stay-home-and-restricted-activities-directions-frequently-asked-questions)

### Physical distancing and transmission reduction measures:

- Coronavirus website homepage tile and webpage with general information on physical distancing.
- [www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures](http://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures)
- Uploadable Victorian physical distancing document in keeping with that tile's web content, located at TRIM HHSD/20/142098

### State of emergency and directions:

- Coronavirus website tile and webpage with PDFs of the signed Directions.
- [www.dhhs.vic.gov.au/state-emergency](http://www.dhhs.vic.gov.au/state-emergency)

### About coronavirus general information:

- Coronavirus website tile and webpage with general hygiene and physical distancing information.
- [www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19](http://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19)

### Media (proactive and reactive):

- Daily interviews and press conferences by the Chief Health Officer, Premier, Minister for Health and Ambulance and the Public Health Commander
- Announcements will be made by the Premier/Minister/CHO at a media conference.
- A daily media release from the department will contain latest information on measures.

### Social media posts on physical distancing

- Daily posts on DHHS and VicEmergency social media accounts.
- Live streams of press conferences on Facebook
- Social media FAQs for responding to community via social media channels

### Videos on physical distancing

- Series of Chief Health Officer videos on self-isolation, quarantine and physical distancing

## Appendix 1 - Standard emails and letter advice for compliance and enforcement

The following templates are generic and educative in nature. DHHS officers should adapt the tone and content according to risk and individual circumstances.

### Airport arrivals

Dear (insert name),

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.

We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Airport Arrivals direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that: a person who arrives between 5 pm on 18 March 2020 and midnight on 13 April 2020 at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia:

- must travel from the airport to a premises that is suitable for you to reside in for 14 days; and/or
- except in exceptional circumstances, must reside in a suitable premises for the period beginning on the day of your arrival and ending at midnight on the fourteenth (14th) day after arrival);
- must not leave the premises except:
  - for the purposes of obtaining medical care or medical supplies
  - in any other emergency situation circumstances where it is possible to avoid close contact with other persons; and
- must not permit any other person to enter the premises unless that other person usually lives at the premises, or the other person is also complying with this direction for the same 14 day period, or for medical or emergency purposes also complying with the CHO direction, or for medical or emergency purposes).

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this email/letter.

### Why it is important to comply with the Chief Health Officer's direction

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

Persons entering Victoria are at an increased risk of COVID-19. That is why a person entering Victoria from overseas must self-isolate for a period of 14 days in accordance with the Deputy Chief Health Officer's direction. Failure to self-isolate in accordance with the Deputy Chief Health Officer's direction may increase transmission of COVID 19 within our community.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

### Mass gatherings

Dear (insert name)

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.



We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Mass Gatherings direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that:

- A person who owns, controls or operates premises in Victoria must not allow a mass gathering to occur on premises
- A person must not organise a mass gathering on premises in Victoria.

A mass gathering means:

- A gathering of five hundred (500) or more persons in a single undivided outdoor space at the same time; or
- A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.

A number of exclusions exist such as at an airport and a hotel, motel or other accommodation facility that is necessary for the normal operation of accommodation services.

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this letter/email.

### **Why it is important to comply with the Deputy Chief Health Officer's direction**

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

The restrictions are designed to limit transmission of COVID in places where there is high density of individuals in close proximity. This is because many individuals have been identified as being infected with COVID-19 and more cases are expected.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

## Appendix 2 – Evidence on physical distancing interventions for reducing impact of COVID-19

Last updated 27 March 2020

This document provides a review of evidence regarding the effectiveness of physical distancing interventions on the COVID-19 epidemic. As evidence is rapidly emerging this document may not contain all relevant available information. It also contains some references to reports and pre-prints that have not undergone peer-review. Therefore, caution should be taken in interpretation. Furthermore, as new evidence emerges the picture of the effectiveness will change. This document will be updated to reflect the changing evidence base.

### Introduction

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. It is an example of a non-pharmaceutical intervention (NPI) that can be employed to control a disease outbreak. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures. Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

This review consists of three parts:

- A review of the epidemiological features of COVID-19 and their implications for physical distancing in COVID-19
- A review of modelling analyses estimating the effects of physical distancing on the COVID-19 epidemic
- A review of evidence regarding physical distancing measures in the setting of pandemic influenza

## 1. Epidemiological features of COVID-19 that impact the effectiveness of physical distancing measures

### 1.1 Reproductive number

The basic reproductive number ( $R_0$ ) is the number of individuals a single infected individual will infect in an otherwise fully susceptible population. This value will be influenced by features inherent to the pathogen, and characteristics of the population, such as population density and the nature and frequency of human-human interactions. As such, there is no single true value of  $R_0$  for any disease, including COVID-19, as it will be influenced by population-specific factors.

Published estimates of  $R_0$  for COVID-19 have ranged between 2.1 and 3.58. (1–6)

### 1.2 Modes of transmission

Early evidence suggests that SARS-CoV-2 (the virus that causes COVID-19) is primarily transmitted via respiratory droplets transmitted during close contact, and via fomites. (7) However, there is evidence of viral shedding in faeces (8) and viral persistence in aerosols (9,10), suggesting that aerosol and faecal-oral transmission may also occur. Transmission may also be possible via ocular surfaces. (11)

### 1.3 Timing of transmission

Analyses of viral shedding suggest that the time of peak viral load is early in the course of illness, around the time that symptoms develop, and that viral load then reduces over time. (10) The median duration of detected viral shedding of 191 patients in Wuhan was 20.0 days (IQR: 17.0-24.0 days) in survivors. (12) Importantly, these measurements of viral load cannot distinguish infectious from non-infectious virus. Although the two types of virus

are often correlated early in influenza, we cannot say for sure for whether the same holds for COVID-19 at this stage.

Evidence from case and cluster reports (13–15), and several epidemiological analyses (16–19) suggest that COVID-19 can be transmitted prior to the onset of symptoms.

#### **1.4 Incubation period**

An analysis of 55,924 laboratory-confirmed cases, found the mean incubation period was estimated to be 5.5 days. (7) Another analysis of 181 confirmed cases outside of Hubei Province found the mean incubation period to be 5.1 days (95% CI: 4.5-5.8 days). (20)

#### **1.5 Duration of illness**

An analysis of the clinical course of 52 critically ill adult patients with SARS-CoV-2 pneumonia who were admitted to the intensive care unit (ICU) of a Chinese hospital in late December 2019 and January 2020, found the median time from symptom onset to death was calculated to be 18 days. (21)

#### **1.6 Demographic features of COVID-19**

In general, COVID-19 causes a much more severe illness in older people, with case-fatality rates increasing with age, particularly for those aged 80 years and older. (7,22)

Children have thus far accounted for few cases of COVID-19 and are unlikely to have severe illness. (23) However, the role of children in transmission of COVID-19 remains unclear. In a pre-print analysis of household contacts of cases, it was found that children were infected at the same rate as older household contacts. (24) In the report of the WHO-China joint mission it was noted that children accounted for 2.4% of cases, that infected children had largely been identified through contact tracing, and there was no recollection of episodes of transmission from child to adult. (7)

#### **1.7 Overview of the impact of key epidemiological features for physical distancing interventions**

Key points arising from these epidemiological features are:

- COVID-19 is highly transmissible, and although close contact is more likely to result in transmission, transmission may be possible from minor contact, or through contact with infectious surfaces
- The COVID-19 epidemic in many areas is following exponential growth patterns, so case counts can be expected to rise rapidly
- As evidence suggests that people can transmit COVID-19 prior to the onset of symptoms, and because infectiousness appears to be highest at the time of symptom onset, isolating cases at the point of symptom onset may be inadequate to prevent transmission
- As there is a delay between infection and symptom onset and a delay between symptom onset and case detection, there will be a delay (of roughly 10 days) between implementation of an intervention and seeing its impact on case counts
- As there is a delay between symptom onset and death, there will be an even longer delay to seeing the impact of interventions on death rates (up to two weeks)
- The role of children in COVID-19 transmission remains unclear and would have significant implications for the effect of school closures on the epidemic

## **2. Modelling studies evaluating potential impact of physical distancing interventions for COVID-19**

### **2.1 Modelling the impact of physical distancing interventions**

This will be updated.

### 2.1.1 Imperial College report on non-pharmaceutical interventions

Ferguson et al of Imperial College published a report estimating the impact of a range of non-pharmaceutical interventions (physical distancing interventions) on the COVID-19 epidemic in the UK and the US. (26) Effects of different combinations of population-level interventions were reviewed. The report describes two alternative strategies: suppression and mitigation. It describes suppression as aiming to reduce the R value to less than 1, resulting in transmission ceasing in the population. Mitigation, however, aims to reduce the impact of the epidemic, whilst infection builds up in the community, rather than causing transmission to cease. Actions towards mitigation would include preventing infection amongst those most vulnerable to severe disease and slowing the rate of infection.

The report suggests that an approach of mitigation would result in the critical care capacity being overwhelmed many times over, resulting in hundreds of thousands of deaths. Only a combination of very strong measures taken together (including case isolation, household quarantine, general social distancing, school and university closure) is predicted to avoid critical care capacity being overwhelmed.

The report suggested that if suppression is being pursued, then earlier implementation is better, but if mitigation is being pursued then it is better to implement interventions closer to the peak of the epidemic. School closures were estimated to have a greater role on a suppression strategy, rather than mitigation. The modelling also suggested that relaxing the intervention whilst the population remained susceptible would result in a later, large peak that would also overwhelm critical care capacity, suggesting that policies may need to remain until a vaccine was available.

The report concluded that suppression seemed the only viable option, given that mitigation would result in health care capacity being overwhelmed many times over. However, they noted the uncertainty in whether a suppression approach could be achieved, as well as the uncertainty in modelling estimates.

### 2.1.2 Early modelling analysis from Australia

A modelling analysis, published as a pre-print, conducted by Australian researchers, Chang et al (27) suggested that the best intervention strategy is a combination of restriction on international arrivals to Australia, case isolation, and social distancing with at least 80-90% compliance for a duration of 13 weeks. They noted that compliance levels below this would lengthen the duration of required suppression measures. They also note that resurgence of disease is possible once interventions cease, and their analysis does not attempt to quantify the impact of measures beyond the 28-week horizon of analysis.

Another Australian pre-print analysis by Di Lauro et al (28) reviewed the optimal timing for “one shot interventions”, interventions that are assumed to only be able to implemented once in the course of an epidemic and for a finite time period. This suggested that optimal timing depended on the aim of the intervention; that to minimise the total number infected the intervention should start close to the epidemic peak to avoid rebound once the intervention is stopped, while to minimise the peak prevalence, it should start earlier, allowing two peaks of comparable size rather than one very large peak.

### 2.1.3 Modelling the impact of physical distancing interventions in China

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number ( $R_t$ ) in Wuhan declined from 2.35 (95% CI 1.15–4.77) 1 week before travel restrictions were introduced on Jan 23, 2020, to 1.05 (0.41–2.39) 1 week after.

An pre-print analysis by Lai et al (30) suggested that without the non-pharmaceutical intervention implemented in China (early detection and isolation of cases, travel restrictions and reduction of interpersonal interactions) the number of infections in Wuhan would have been many fold higher. They suggested that had the NPIs been conducted one week, two weeks, or three weeks earlier in China, cases could have been reduced by 66%, 86%, and 95%, respectively. They also suggested that social distancing interventions should be continued for the next few months to prevent case numbers increasing again after travel restrictions were lifted on February 17, 2020.

A pre-print analysis by Prem et al (31) reviewed the impact of China's interventions on social-mixing patterns and estimated the effects of different approaches to lifting the interventions. They suggested that control measures aimed at reducing social mixing can be effective in reducing the magnitude and delaying the epidemic peak. They suggested the interventions would have the most impact if continued until April, and if return to work was staggered. These results were sensitive to the duration of infectiousness and the infectiousness of children.

## **2.2 Modelling the potential impact of case isolation and contact tracing**

An analysis by Hellewell et al (32) considered the possibility of controlling a COVID-19 outbreak with contact tracing and case isolation alone. Under some parameter assumptions it was possible to control the outbreak without the need for physical distancing measures. However, the probability of controlling the outbreak in this way decreased with an  $R_0$  of 2.5 or 3.5, when there was a larger initial infectious population, a longer delay to case detection and a larger proportion of pre-symptomatic transmission. The study concludes that "in most plausible outbreak scenarios, case isolation and contact tracing alone is insufficient to control outbreaks, and that in some scenarios even near perfect contact tracing will still be insufficient, and further interventions would be required to achieve control."

A pre-print analysis by Kretzschmar et al (33), suggests it is unlikely that case isolation and contact tracing alone could control a COVID-19 outbreak. They note that if delay between onset of infectiousness and isolation is more than 4 to 6 days, or the proportion of asymptomatic cases is greater than 40% the outbreak cannot be controlled even with perfect tracing. However, they note that contact tracing efforts can still be a valuable tool in mitigating the epidemic impact.

## **2.3 Modelling the impact of school closures for COVID-19**

An early report from Di Domenico et al (34), used data from three French towns with COVID-19 outbreaks and assumed children had a susceptibility to COVID-19 of 20% relative to adults and relative infectiousness of 50%. With these assumptions they suggested that school closure alone would have limited benefit in reducing the peak incidence (less than 10% reduction with 8-week school closure for regions in the early phase of the epidemic). However, when coupled with 25% adults teleworking, 8-week school closure would be enough to delay the peak by almost 2 months with an approximately 40% reduction of the case incidence at the peak.

## **3. Evidence on physical distancing measures for pandemic influenza**

There are important differences between the COVID-19 pandemic and previous influenza pandemics. Three important differences are:

- It is well established that school children play a major role in spreading influenza virus because of higher person-to-person contact rates, higher susceptibility to infection, and greater infectiousness than adults. In contrast, children have accounted for fewer cases in the COVID-19 pandemic and their role in transmission is unclear.
- Pandemic influenza is thought to have a shorter incubation period (approximately 2 days) compared to COVID-19 (approximately 5 days).
- There is likely a greater proportion of severe and critical cases of COVID-19, than in pandemic influenza. (35)
- However, the evidence regarding physical distancing measures on influenza pandemics may still provide some insight into the role they may play in the response to COVID-19.

A recent review (prior to the COVID-19 outbreak) by Fong et al (36) surveyed the evidence for NPIs in pandemic influenza, in particular the effects of school closures, workplace measures and avoiding crowding.

### **3.1 School closures**

They found compelling evidence that school closure can reduce influenza transmission, especially among school aged children. However, the duration and optimal timing of closure were not clear because of heterogeneity of data, and transmission tended to increase when schools reopened.

A correlation analysis between weekly mortality rates and interventions (which included school closure) during the 1918–19 pandemic in cities in the United States estimated that early and sustained interventions reduced mortality rates by  $\leq 25\%$ . (37)

Two studies conducted in Hong Kong as a public health response to the 2009 influenza A(H1N1) pandemic estimated that school closures, followed by planned school holidays, reduced influenza transmission. (38,39)

Two studies conducted in Japan estimated that due to reactive school closures the peak number of cases and the cumulative number of cases in the 2009 pandemic were reduced by  $\approx 24\%$  (40) and 20% (41). However, two studies (one evaluating the response to the 2009 pandemic and the other seasonal influenza) estimated that reactive school closures had no effect in reducing the total attack rate and duration of school outbreaks, and the spread of influenza. (42,43)

It is important to note that school closures can have a disproportionate impact on vulnerable groups (eg low-income families), particularly when meals are provided by schools. This could be ameliorated by dismissing classes but allowing some children to attend schools for meals or enable parents to work. It has also been noted that school closures may have an impact on health workforce availability, as health care workers may have to care for children.

### 3.2 Workplace interventions

A systematic review of workplace measures by Ahmed et al (44) concluded that there was evidence, albeit weak, to indicate that such measures could slow transmission, reduce overall attack rates or peak attack rates, and delay the epidemic peak. In this review, epidemiological studies reviewed the effects of segregating persons into small subgroups and working from home. Modelling studies most frequently simulated the effects of workplace measures as reducing contacts by 50%.

In this review, for studies modelling  $R_0 \leq 1.9$ , workplace social distancing measures alone (single intervention) showed a median reduction of 23% in the cumulative influenza attack rate in the general population. Workplace social distancing measures combined with other nonpharmaceutical interventions showed a median reduction of 75% in the general population. However, the effectiveness was estimated to decline with higher  $R_0$  values, delayed triggering of workplace social distancing, or lower compliance.

Paid sick leave could improve compliance with a recommendation to stay away from work while ill. (45,46)

### 3.3 Avoiding crowding

The review by Fong et al (36) identified three studies that assessed the effects of measures to avoid crowding (such as bans on public gatherings, closure of theatres) in pandemic influenza. These suggested that such measures helped to reduce excess mortality in the 1918 pandemic and a natural study comparing the effect of accommodating pilgrims for World Youth Day in smaller groups rather than a large hall reduced transmission in 2008.

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## Appendix 3 – Physical distancing international comparison

This will be updated by REDACTED in due course.

## Appendix 4 – Hotel Isolation Medical Screening Form

DHHS Hotel Isolation Medical Screening Form	
Registration Number:	
Full Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address:	Indigenous <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Phone Number:	Nationality:
Date of Birth:	Place of Birth:
Phone #:	Primary language:
Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.	
Allergies:	
Past Medical History:	
Alerts: Alcohol & Other Drugs Y/N Disability Y/N Significant Mental Health Diagnosis Y/N	
Medications:	
Regular Medical Clinic/Pharmacy:	
General Practitioner:	
Next of Kin	Contact Number:

## Covid-19 Assessment Form

Name	DOB	Room	Date of Admission	mobile	

Ask patient and tick below if symptom present

Day	Date	Fever	Cough	SOB	Sore Throat	Fatigue	Needs further review (nurse assessment)	Reason (if needs further assessment)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

## Appendix 5 – Welfare Survey

### Survey questions – daily check-in

Date:	
Time:	
Call taker name:	
Passenger location:	Hotel: Room number:
location (room number):	
Confirm passenger name:	
Passenger DOB:	
Contact number:	Mobile: Room:
Interpreter required:	Yes/no Language:

### Script

Good morning / afternoon, I'm XXX. Can I confirm who I'm speaking with?


I am working with the Department of Health and Human Services to support people in quarantine following their arrival in Australia, and I'm giving you a call to check on your welfare. We know that this may be a stressful time for you, and our aim is to make sure that you are as comfortable as you can be during this quarantine period.

I am a Victorian Public Servant and any information that you provide to me is subject to privacy legislation.

We will be checking in with you and the people you have been travelling with every 24 hours to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

There are 23 questions in total, and it should take only a few minutes to go through these with you. When you answer, we would like to know about you as well as any other occupants in your room.

If you have needs that require additional support, we will connect you with another team who can provide this support.

### Introductory questions

1. Are you still in Room XXX at the hotel? Circle YES / NO


2. Are you a lone occupant in your hotel room? Yes/No if No:
  - a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

Name	Relationship	Age (children/dependents)

3. Have you or your fellow occupants had to leave your room for any reason? If so, what was the reason? YES /NO


### Health questions

4. Have you had contact with a medical staff nurse whilst in quarantine? If yes, can you please provide details and is it being monitored?


5. Have you or your fellow occupants had any signs or symptoms of COVID-19, including fever, cough, shortness of breath, chills, body aches, sore throat, headache, runny nose, muscle pain or diarrhoea)?


6. Do you or anyone you are with have any medical conditions that require immediate support? (ie smokers requiring nicotine patches)


7. Do you, or anyone in your group (including children) have any immediate health or safety concerns?


8. Do you have any chronic health issues that require management?


9. Do you or anyone you are with have enough prescribed medication to last until the end of the quarantine period?


10. Are you keeping up regular handwashing?


11. What sort of things help you to live well every day? For example, do you exercise every day, do you eat at the same time every day?


### Safety questions

12. How is everything going with your family or the people you are sharing a room with?


13. Is there anything that is making you feel unsafe?


14. Are there any concerns that you anticipate in relation to your own or other occupant's safety that might become an issue in the coming days?


*If the person answers yes to either question 10 or the one above, you could say:*

- You have identified safety concerns -would you like me to establish a safe word if you require additional support regarding your safety?

If yes...

- The word I am providing is <xxx> (different word for each individual). You can use that word in a conversation with me and I will know that you need immediate support/distance from other occupants in the room or may be feeling a high level of distress.

*Where family violence, abuse or acute mental health is identified as an issue refer to specific guidance / escalate for specialist support.*

### Wellbeing questions

15. How are you and any children or other people that you are with coping at the moment?


16. Do you have any immediate concerns for any children / dependents who are with you?


17. Do you have any additional support needs that are not currently being met, including any access or mobility support requirements?


18. Have you been able to make and maintain contact with your family and friends?


19. What kind of things have you been doing to occupy yourself while you're in isolation, e.g. yoga, reading books, playing games, playing with toys?


20. Have you been able to plan for any care responsibilities that you have in Australia? Can these arrangements be maintained until the end of the quarantine period?


### **Final**

21. What has the hotel's responsiveness been like? Have you had any trouble getting food, having laundry done, room servicing etc.?


22. Do you have any other needs that we may be able to help you with?


23. Do you have any other concerns?

--





## **Appendix 6 – Scripts for physical distancing call centre**

Detail to be added about certain scenarios, including for funeral-related questions.

## Appendix 7 – Direction and detention notice – Solo Children

### DIRECTION AND DETENTION NOTICE

#### SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

#### 1. Reason for this Notice

- (2) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.
- (3) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (4) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (5) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (6) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.
- (7) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (8) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

#### 2. Place and time of detention

- (9) You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

- (10) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

#### 3. Directions — transport to hotel

- (11) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.
- (12) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

#### 4. Conditions of your detention

- (13) **You must not leave the room in any circumstances**, unless:

(c) you have been granted permission to do so:

- (i) for the purposes of attending a medical facility to receive medical care; or

- (ii) where it is reasonably necessary for your physical or mental health; or
- (iii) on compassionate grounds; or
- (d) there is an emergency situation.

(14) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

(15) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

(16) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

(17) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

## 5. Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

## 6. Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

- (a) We will check on your welfare throughout the day and overnight.
- (b) We will ensure you get adequate food, either from your parents or elsewhere.
- (c) We will make sure you can communicate with your parents regularly.
- (d) We will try to facilitate remote education where it is being provided by your school.
- (e) We will communicate with your parents once a day.

## 7. Offence and penalty

(19) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

(20) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 8 – Guidelines for Authorised Officers (Unaccompanied Minors)

### Guidelines for Authorised Officers - Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

#### Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

#### Your obligations under the *Charter of Human Rights and Responsibilities Act 2006*

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

#### *How to give 'proper consideration' to human rights*

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

### *Relevant human rights*

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of **children** to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
  - You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
  - You should ask the child if they have any concerns that they would like to raise with you at least once per day.
  - You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
  - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
  - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
  - You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to **liberty** (s 21) and **freedom of movement** (s 12), and the right to **humane treatment when deprived of liberty** (s 22). As the Solo Child Detention Notices deprive

children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.

- **Freedom of religion** (s 14) and **cultural rights** (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to **recognition and equality before the law**, and to **enjoy human rights without discrimination** (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly** and **association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices. If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a

person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs. Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances. Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

### **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.



## Appendix 9 – Authorised Officer Occupational Health and Safety

### Purpose

The purpose of this document is to provide an occupational health and safety procedure for authorised officers when attending off site locations during the current State of Emergency.

### Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

### Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, you will be placed on call to exercise your authorised powers pursuant to section 199 of the *Public Health and Wellbeing Act 2008 (Act)*. **Your compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact with an offender suspect must be managed by Victoria Police.**

### OHS

Occupational Health and Safety is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns, incidents with **REDACTED** | **REDACTED**

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. Officers can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

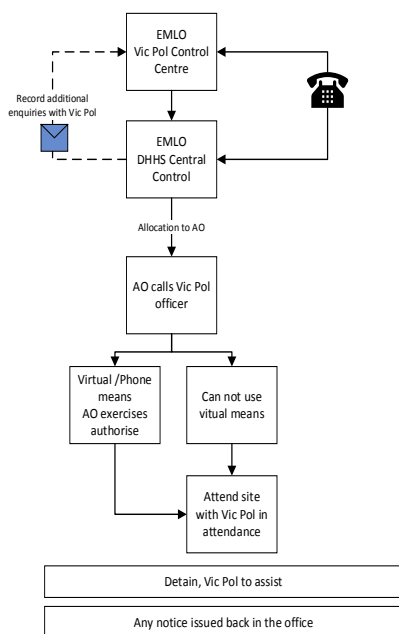
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

#### Fatigue

Officers will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, officers should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator: <http://www.vgate.net.au/fatigue.php>

Officers are required to hold a valid motor vehicle license and are required to adhere to the requirements of the departments driving policy. Information about the departments policy can be found on the DHHS intranet site.



### Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as ‘transmission reduction, or ‘physical distancing’ measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend a site, they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the offender(s) a positive case of COVID-19?
- Has the offender(s) been recently in close contact with a positive case of COVID-19?
- Has the offender(s) recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Face mask (N95 or equivalent)
- Gloves
- Hand Sanitizer

The following is only a guide for officers to consider.

PPE	Guide
Face mask	When there is known case of COVID-19, or an offender has been recently been exposed to COVID-19
Gloves	Always
Hand Sanitizer / Soap	Always
Social Distancing of at least 1.5 meters	Always

## Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agent		Follow personal protective measures

## Check-in procedure

---

**From:** "Anthony J Kolmus (DHHS)" [REDACTED]  
**To:** [REDACTED] (DHHS)" [REDACTED] [REDACTED]  
 (DHHS)" [REDACTED] "Noel Cleaves (DHHS)"  
 [REDACTED] [REDACTED] (DHHS)"  
 [REDACTED] [REDACTED] (DHHS)"  
 [REDACTED]  
**Date:** Sat, 16 May 2020 18:26:25 +1000  
**Attachments:** AO Protocol excerpts check-in release 16052020 (001).docx (24.71 kB)

Hi All,

Further to an email from [REDACTED], included in this, raising a number of concerns about how AOs are implementing the hotel check-in procedure, I had a look today at the AO protocol and created the following document to add further content and guidance for AOs re the check-in process in an attempt to highlight the process and get a bit more consistency happening. Will propose that some of this content is included in the next version of the protocol, but before I do that and before I send it out to AOs (hopefully on Sunday) would appreciate any feedback you have.

Am thinking of doing something similar for the release process as well.

Regards  
 Anthony

**Anthony Kolmus**  
**Human Services Regulator**  
**Currently significantly redployed to COVID-19 response**

Health and Human Services Regulation and Reform  
 Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services  
 p [REDACTED] Email: [REDACTED]



Health  
 and Human  
 Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

## **EXCERPTS FROM *DETENTION, AUTHORISATION ENFORCEMENT AND COMPLIANCE COMMAND V1 FINAL APPROVED PROTOCOL***

### **SECTION 5.3 HOTEL CHECK-IN (RED inserts additional content some of which may be included in V2)**

#### **Key steps and AO roles and responsibilities – hotel check-in**

##### **CHECK-IN**

1. Ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - i. room number
  - ii. the date that the person will be detained until (14 days after arrival at place of detention).

##### **CHECK AND REITERATE DIRECTION AND DETENTION NOTICE**

2. Show AO identification and introduce yourself
3. Check completed Direction and Detention Notice to confirm that the following details have been correctly recorded on the notice and in the compliance app:
  - the hotel name
  - hotel room number and arrival date and time
  - the date that the person will be detained until (14 days after arrival at place of detention)
  - using the camera function in the compliance app take a picture of the completed Direction and Detention Notice relevant to each person being detained (this is in addition to the picture taken of the form at the airport that should already be in the App but which won't have the room number on it)
4. Return the notice to the person being detained (note that this must occur). AO's should reiterate:
  - the reason for detention
  - warn the person that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply
  - facilitate any reasonable request for communication
  - if logistics result in it not being possible to take a photo of the Direction and Detention Notice at check-in:
    - retain the form until check-in of all guests is completed
    - ensure a photo (or in the event of equipment difficulties – a hard copy) of each person's Direction and Detention Notice are taken and entered into the App (on the same day as check-in unless arrivals occur late at night)
    - Direction and Detention Notice must then be given back to each detainee (arrange for security to do this).

In the event of difficulties with the equipment or App please notify the Senior AO on duty.





Currently, we are (rightly) keeping copies of all permissions that we are issuing physically in folders at each site. This will obviously need to continue in the short term, unchanged. Where we need to get to, is ensuring that the contents of those permissions are captured within the 'App', which is currently being used sporadically. In order to facilitate this, we are currently ensuring that there is consistent IT/general infrastructure in place at each site (laptops, phones and dedicated, well-resourced AO areas). This will be communicated to everyone as we go.

### Reminders around handover

Just a reminder around handover, that it is very important that the AO on previous shift is recording relevant notes for handover to the next AO, recording all relevant events that the AO on shift has experienced (things like room moves that may have occurred, temporary release, hospitalisations, other exemptions granted, releases or even issues where AOs have had to deal with less than ideal detainees). I know we are all doing the best we can at the moment given all the circumstances, but this is extremely important. Any issues, please let me know 😊

### Clarity around the AO role on site

There are recurring issues around AOs being pulled from pillar to post on site at times at the hotels, regarding a number of issues; mostly regarding: being asked to help move COVID positive patients (and their belongings), retrieving luggage from rooms, organising transport for people being released and a number of other things that are outside of the AO role. We would like to provide some clarity around this, so it hopefully helps you feel empowered to be able to either say no, and/or refer them to the correct service, or to us as Managers.

1. 1. Transport – this is absolutely not the responsibility of the AO on site. This is to be organised by the DHHS Team Leader who is rostered on. If this occurs on nightshift, where there will likely not be a DHHS Team Leader on site, the relevant email address to refer this to SEMC, is [semc@dhhs.vic.gov.au](mailto:semc@dhhs.vic.gov.au) and title the email, "Referral to organise transport".
2. 2. Physically moving COVID positive patients – again this is absolutely not the responsibility of the AO on site. The process for this is:
  - a. a. Nurses/medical staff on site are to facilitate the move, including the moving of their belongings.
  - b. b. The site security may assist with the move (walking a safe distance from the nurses and patient).
  - c. c. The AO is to go up to the level the patient is moving from **in a separate lift, wearing gloves and mask**. From a safe distance, (2 metres minimum), explain to the patient that they are moving from room (x) to room (y) as a result of their diagnosis and that they are still under detention and must stay in their room.
  - d. d. The AO can then return to the green zone **in a separate lift, then dispose of the PPE they are wearing and sanitise hands**.

If there are any issues with this, please explain that you have been directed to follow the above and that you are not to act outside of this protocol. Any problems may be forwarded (24/7) by the person asking you, to your Manager on shift.

3. 3. Retrieving luggage etc from rooms – Irrespective of a COVID positive/negative diagnosis of a person, moving luggage is not the responsibility of the AO. Again, please feel empowered to politely decline doing this and refer any issues that may arise to your Manager on shift.

### Fresh Air Breaks

This has understandably been a bit tricky getting off the ground and subject to a number of communication issues over the past week or so. Irrespective of what you may be told on site at the moment, fresh air breaks:

1. 1. May be facilitated **when possible and with primary consideration to those that require it or are at risk without them**. They (at the moment) **are not compulsory for every person, every day**. I understand that many sites now have a register or similar, of people that are flagged as being 'at risk' or require fresh air breaks for medical reasons. Secondary consideration to others is then to be considered.
2. 2. Must be overseen by security and **not the AO**. The roles are as follows:
  - a. a. Security to physically go to the detainees room and collect them (the numbers of

people that security are able to oversee will be determined by the number of security guards, as well as the ability to ensure that small groups (by room) are distanced accordingly.

- b. b. The AO's responsibility is to give the verbal direction to the detainee that they are still under quarantine and must return to their room following the facilitated break etc.
  - c. c. The fresh air break is then facilitated outside by security. The AO does not need to participate in the supervision of this and most certainly **is not to facilitate fresh air breaks by themselves in any circumstances**. Any issues with this, again please let the Manager on shift know 😊
3. 3. As mentioned above, records must be kept of these breaks occurring and we hope to be recording this in the 'App' very soon (if not already).

Again, I understand that we are working in a very fluid and sometimes stressful environment at the moment but just want to hopefully help you all feel empowered to make decisions on site that are both reasonable and evidence based. I can absolutely assure you that the management group will back you for the decisions you are making and more-so, are here 24/7 to assist in that decision making process and support you. I lastly just want to acknowledge how great of a job you are all doing and call out what a general pack of legends you've all been under the circumstances 😊

Chat soon and as always, here to discuss if need be.

Cheers,

REDACTED

Human Services Regulator | Health & Human Services Regulation & Reform Branch  
 Regulation, Health Protection & Emergency Management Division  
 Department of Health & Human Services | 50 Lonsdale Street, Melbourne, VIC 3000

REDACTED

[www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)



Health  
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We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.





# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X / 2020

**EFFECTIVE DATE:** TBC

**SUBJECT:** NIGHT SHIFT

---

### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) who work overnight at the quarantine hotels between the hours of 2300 and 0700..

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers under the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

Authorised officers are deployed at the quarantine hotels on a 24/7 basis. The night shift provides opportunities to perform tasks that are often difficult to complete at other shifts.

This is the subject of this operational instruction.

### INSTRUCTION

#### **Procedure to be followed by authorised officers at hotels during the overnight shift.**

1. During handover clarify what work remains outstanding with priority given to any safety issues.
2. Check during handover whether there are any arrivals to occur during the shift. Complete any required tasks prior to and during the arrivals as per the authorised officer protocol.
3. Check during the handover whether there are any arrivals to occur the following morning and whether there are actions which must be completed prior to that time. Complete any required task as per the authorised officer protocol.
4. Check during handover if there are any tasks outstanding from any incoming passenger arrivals during the day. Complete any required tasks.
5. Check during handover whether there are any walks to be recorded in the app. Complete any outstanding data entry.

6. Request the hotel duty manager print off a register of all hotel guests. Verify that the register aligns with the compliance app. If there are data anomalies, investigate with the duty nurse to establish whether they can assist with a point of truth. Clearly document any anomalies in the handover book.
7. If all other tasks have been completed, contact closest hotels and establish if there is any work that you can assist with.

.....

**XXXXXX, Commander COVID-19 Enforcement and Compliance**

DRAFT

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X / 2020

**EFFECTIVE DATE:** TBC

**SUBJECT: TRANSITING PASSENGERS (LESS THAN 8 HOURS AT AIRPORT)**

---

### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to verifying and approving the transit by air of passengers who have arrived in Australia to enable them to continue their journey.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers under the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

International transit passengers arriving into Victoria are able to depart on another international flight if the following conditions are met:

- If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene. This is the subject of this operational instruction.
- If the transit is between 8 to 72 hours before the departing flight, they must go into mandatory quarantine at the state designated hotel until the time of the departing flight (see Operational Instruction XX).

### INSTRUCTION

#### **Procedure to be followed before permitting the person to transit.**

1. Find the person's record on the Compliance app. Note that if the person is not in the app, then create a record in the app using their passport to confirm details.
2. Verify the person has an onward airline ticket departing within 8 hours of their arrival in Melbourne.
3. Verify that individual does not show obvious clinical signs of COVID-19.
4. Use the 'TRANSIT' button on the app following the 'Compliance Form Transit Quick Start Guide'. The status is now shown as 'Case Closed'.

5. The person is now free to transit within the airport and travel to their destination.

.....

**XXXXXX, Commander COVID-19 Enforcement and Compliance**

DRAFT

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X / 2020

**EFFECTIVE DATE:** TBC

**SUBJECT:** TRANSITING PASSENGERS (GREATER THAN 8 HOURS)

---

### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to verifying and approving the transit by air of passengers who have arrived in Australia to enable them to continue their journey.

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers under the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

International transit passengers arriving into Victoria are able to depart on another international flight if the following conditions are met:

- If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene. (see Operational Instruction XX).
- If the transit is between 8 to 72 hours before the departing flight, they must go into mandatory quarantine at the state designated hotel until the time of the departing flight. This is the subject of this operational instruction.

### INSTRUCTION

**Procedure to be followed before permitting the person to transit.**

#### **At the airport**

1. Find the person's record on the Compliance app. Note that if the person is not in the app, then create a record in the app using their passport to confirm details.
2. Verify the person has an onward airline ticket departing within 8 and 72 hours of their arrival in Melbourne.
3. Issue a detention notice placing the person in detention, ideally at one of the airport hotels.

#### **At the airport hotel**

4. Find the person's record on the Compliance app.
5. Verify that individual does not show obvious clinical signs of COVID-19.
6. Verify the person has an onward airline ticket departing within 8 and 72 hours of their arrival in Melbourne.
7. Record in the app the room they have been allocated to and take an image of the detention notice showing the room number.
8. Using the 'Transit letter' template, hand write the:
  - a. Date of the detention notice
  - b. Enter the name of the individual
  - c. Enter address – Country of destination is sufficient
  - d. Enter Country of destination within letter
  - e. Sign the letter.
9. Use the 'Exemption' button on the app following the 'Compliance Form Exemption - Quick Start Guide'.
10. Select the 'XXXXXXX' 'Grounds for request' option
11. Take images of the onward ticket
12. Take image of the transit letter
13. Issue transit letter to individual
14. The person is now free to go to their room and to transit to the airport and travel to their destination.

Note: if the person arrives on a large flight it may not be possible to do the exemption at the time of hotel registration in which case, the authorised officer can process the detention notice and allow the person to go to their room and then contact them later to arrange the exemption.

.....  
**XXXXXX, Commander COVID-19 Enforcement and Compliance**



## Department of Health and Human Services

50 Lonsdale Street  
Melbourne Victoria 3000  
Telephone: 1300 650 172  
GPO Box 4057  
Melbourne Victoria 3001  
www.dhhs.vic.gov.au  
DX 210081

[Insert reference number (LAST  
NAME FIRST INITIAL DDMMYY  
– e.g. SMITH A 23042020)]

[Insert first name and last name]

[Insert country transiting to]

Dear [insert name (e.g. Mr Smith)],

I note that you have been issued with a direction and detention notice on [insert date (e.g. XX  
Month 2020)] under section 200(1)(a) of the *Public Health and Wellbeing Act 2008*.

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

I note that you have not shown any clinical signs of COVID-19 and have been advised that you are proceeding to [insert name of country] and that appropriate arrangements can be put in place for you to travel to the airport and return to [insert name of country] where you can conclude your quarantine requirements.

I am satisfied that these proposed arrangements adequately mitigate the public health risk.

On this basis, I do not consider your continued detention is reasonably necessary to eliminate or reduce a serious risk to public health in Victoria.

Yours sincerely

[insert signature block]

/ / 2020



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# Compliance Form – Exemptions

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## 1. Overview

Passengers arriving from overseas are entitled to apply for an exemption from detention due to various reasons. They may apply prior to their arrival or when they have entered detention. The Exemptions feature will be used by Authorised Officers at the airport and hotels to view, raise or approve exemption requests.

The Exemption feature is accessible to Authorised Officers working on Admissions at the airport and hotels, as well as day-to-day Detainee Management at the hotels

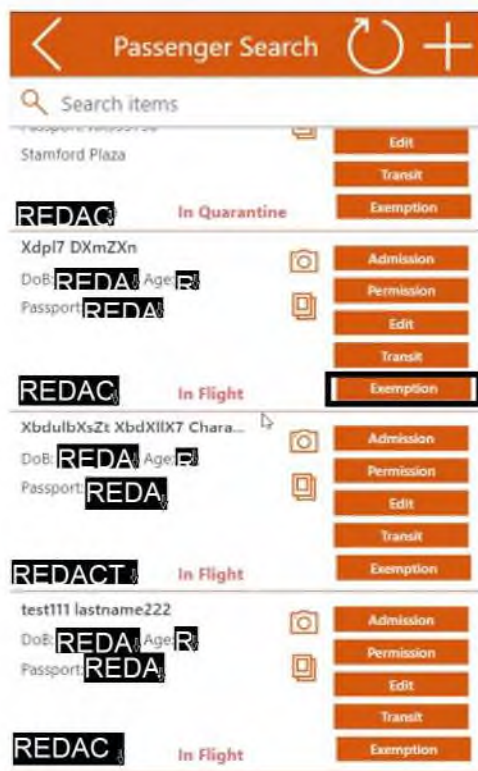
This Quick Start Guide provides an overview of this feature, please refer to the Compliance Form User Guide for further information. This is available at the following website:

<https://dhhsvicgovau.sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>

## 2. Initiate an Exemption request

To initiate a new exemption request:

1. Search for the detainee who would like to be exempted from detention.
2. Click the **Exemption** button.



3. Complete the **New Exemption Request** form.

**REDACTED** CQ-00001736

**New Exemption Request**


\* Grounds for Request  
 Medical

\* Urgency

Additional Information

Exemption Approved At Hotel

Supporting Documentation / Exemption Letter

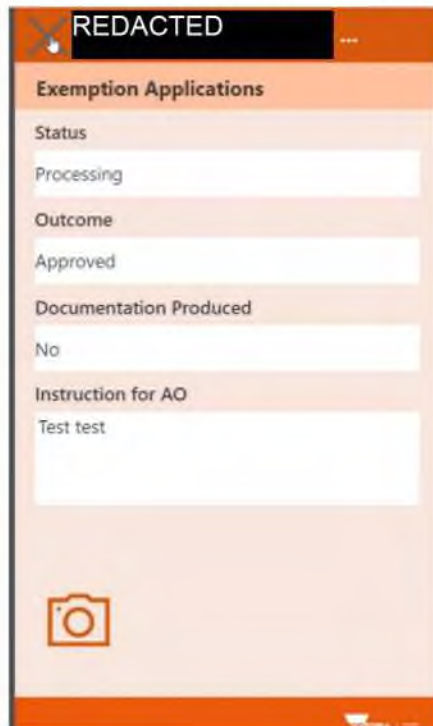
4. Take photos of documentation supporting the exemption and attach to the request.
5. Select  to save the request.

**NOTE:** If **Exemption Approved at Hotel** is selected according to Authorised Officer's policies and procedures, the exemption application is marked as **Approved** and the **Exemption** button is coloured turquoise as per section 5.

### 3. View an Exemption Application with a Processing status

The Exemptions Team may have started processing an exemption application in the Welfare Management System. Alternatively, Authorised Officers may want to see the progress of exemption applications.

1. Click the **Exemption** button.
2. Exemption applications that are in-progress will display the following form. The fields are uneditable.



REDACTED

**Exemption Applications**

Status  
Processing

Outcome  
Approved

Documentation Produced  
No

Instruction for AO  
Test test

Camera icon

## 4. View an Exemption Application with an AO Action Required status

Exemption applications that have a **Status** of **AO Action Required** indicate that the Authorised Officer needs to take action to complete the release.

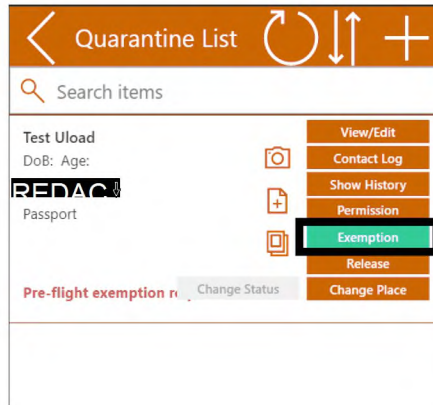
1. Click the **Exemption** button.
2. The following form is displayed and is editable.

The screenshot shows a mobile application form titled "Exemption Applications". At the top, there is a header bar with a close button (X), a "Test Upload" button, and a "REDACT" button. Below the header, the form contains several sections: "Status" with a dropdown menu showing "AO Action Required"; "Outcome" with a dropdown menu showing "Approved"; "Documentation Produced" with a text input field; "Instruction for AO" with a larger text input field; a checkbox labeled "Action taken and Close Case"; and a camera icon for attaching photos. At the bottom of the form, there is a navigation bar with a "Test Upload" button and a "REDACT" button.

3. Tick the **Action taken and Close Case** checkbox.
4. Take photos of documentation supporting the completed exemption and attach to the form.
5. Select  to save the exemption application.

## 5. View an Exemption Application with an Approved status

Travellers with an approved exemption application will have the **Exemption** button coloured turquoise in the Admissions list.





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# Compliance Form – Transit

## Overview

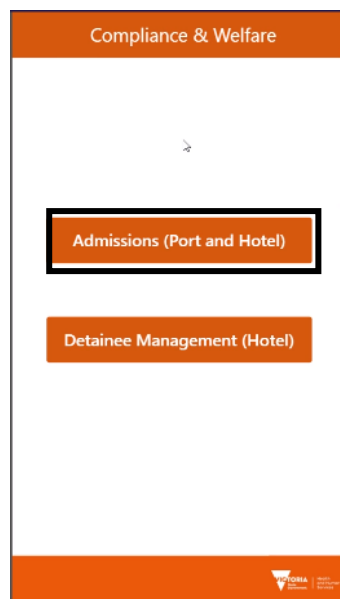
This Transit function enables users to process international arrivals who remain airside to connect with an international flight that departs within 8 hours of their arrival. These passengers are exempt from detention.

## Transit Process

### Admissions (Port and Hotel)

Authorised officers based at the airport will use this function to update the passenger's record, if they are in transit and are not required to go into detention.

1. Start the application and select **Admissions (Port and Hotel)**.



2. You will be prompted to "Please select the flight by date". A drop-down list of flights by date will be displayed. Select the applicable flight and click "Go".

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3. Select the applicable flight and click “Go” and you will now be presented with a list of passengers on this selected flight.

4. Click the **Transit** button on the passenger's record



✕
**Transiting Traveller**
✓

**Confirm immediate transit of:**

WednesdayOne Twenty

Date of Birth : **REDA**

Passport : **REDAC**

**International arrivals who remain airside to connect with an international flight that departs within 8 hours of their arrival do not require further exemption documentation.**

**If traveller is transiting to Pacific Islands or Timor-Leste a successful health check must be completed prior to transit.**

5. You are presented with the transit form, select  to save
6. The passenger's status is updated to "Immediately transiting" and "Case Closed"

<
**Passenger Search**
↻
+

🔍 Search items

WednesdayOne Twenty

DoB: **RED** Age: **5**

Passport: **REDA**

Immediately Transiting
Case Closed

Admission

Permission

Edit

Transit

## FW: Communications to travellers

**From:** "Anthony J Kolmus (DHHS)" [REDACTED]  
**To:** "Meena Naidu (DHHS)" [REDACTED]  
**Cc:** [REDACTED] (DHHS) <[REDACTED]>, [REDACTED] (DHHS)"  
 [REDACTED] (DHHS)"  
 [REDACTED], "Noel Cleaves (DHHS)"  
 [REDACTED] (DHHS)"  
 [REDACTED] (DHHS)"  
 [REDACTED]  
**Date:** Fri, 17 Apr 2020 19:12:53 +1000  
**Attachments:** Welcome one pager GSS - 5 April 2020.pdf (162.96 kB); Returning travellers\_information\_fact sheet\_6April.pdf (201.8 kB); Newsletter for quarantined travellers - final 3 April 2020.pdf (194.66 kB); Keeping you updated - quarantined travellers newsletter -9 April 2020 - final.pdf (166.7 kB); Easter Egg cards\_.pdf (121.2 kB); COVID-19 - Factsheet for release from mandatory quarantine - 10 April 2020.docx (67.95 kB)

Information received from the EOC today.

The Returning Travellers Information Fact Sheet is the document that refers to what can and can't be delivered to hotel rooms. What it's not clear about is how this checked (given that my understanding is that packages are often not in the clear plastic bags recommended) or what happens if such items are observed in the packages.

(I also note numerous variations to a number of other conditions.)

No doubt for further discussion.

Anthony

**Anthony Kolmus**  
**Human Services Regulator**

Health and Human Services Regulation and Reform  
 Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services  
 p.[REDACTED] Email: [REDACTED]



Health  
and Human  
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

**From:** [REDACTED] (DHHS) <[REDACTED]>  
**Sent:** Friday, 17 April 2020 3:56 PM  
**To:** Anthony J Kolmus (DHHS) [REDACTED]  
**Subject:** FW: Communications to travellers

fyi

[REDACTED]  
 [REDACTED]

Department of Health & Human Services  
 165-169 Thomas Street, Dandenong Victoria 3175  
 p.[REDACTED] | m.[REDACTED] | e.[REDACTED]  
[www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) | [@VicGovRecovery](https://twitter.com/VicGovRecovery) <http://www.dhhs.vic.gov.au/>

**From:** [REDACTED] (DJPR) [REDACTED]  
**Sent:** Tuesday, 14 April 2020 1:27 PM  
**To:** [REDACTED] (DHHS) [REDACTED]

**Subject:** FW: Communications to travellers

Hi **REDACTED**

As discussed, all comms to date which has gone out from DJPR side.

Kind regards,

**REDACTED**

# FACT SHEET

## Government support service



Welcome back to Australia. We know this isn't the arrival you planned for but are working hard to make your stay in quarantine as comfortable as possible.

We have set up a Government Support Service to assist returning travellers in quarantine in Victoria. While you are in your 14-day quarantine you can call the Service on **1800 960 944** with your questions. With many people arriving this week we have this Service staffed seven days a week – if you can't get through please leave a message with your contact details for a return call.

You should call the Government support service if you:

- begin to feel unwell
- would like to access our social outreach program
- require something to be urgently collected from your home
- need any essential items or would like to place an order for non-perishable supplies.
- have any general enquires about services available to you during your stay.

In the case of an emergency, **please call 000**.

We have also attached information that outlines what you can expect while you're in quarantine and answers many of your questions.

We understand this is a challenging and stressful time. We all need to do our part during this emergency to protect the safety and health of all Victorians.

# FACT SHEET

## Compulsory quarantine requirements for international arrivals

3 April 2020



### Overview

- Australia is doing everything it can to help slow the spread of coronavirus (COVID-19).
- All visitors arriving in Australia are required by law to quarantine for 14 days on arrival to prevent the spread of the coronavirus (COVID-19).
- The Victorian Government is enforcing these quarantine measures and all arrivals from overseas will be required to proceed to accommodation provided by the government, where they will spend their 14-day quarantine period.
- The government will cover the cost of accommodation, food and other essentials during this period.
- When arriving, travellers will be taken directly from the airport to premises that are suitable to remain quarantined for 14 days.
- Those in isolation must not let another person enter the premises.
- Friends and relatives should not go to the airport to meet the arriving travellers or to the accommodation where they will be in quarantine.
- Penalties apply for people who do not comply with Australia's quarantine requirements.
- A Government Support Service is also available and will endeavour to meet reasonable requirements of returned travellers. This service can be contacted on **1800 960 944**.
- We understand this will be challenging. But each of us is being asked to make sacrifices to save lives.

### Questions and Answers for returning travellers

#### What is the situation?

The National Cabinet has introduced a further restriction on international arrivals to limit the spread of coronavirus.

International arrivals continue to present a high-risk of further transmission of the virus, and so, from 28 March 2020, all international travellers arriving at Victorian airports or disembarking at maritime ports must go into **immediate** quarantine for 14 days from the day of their arrival.

#### How will the quarantine process work?

Passengers arriving at Victorian international airports will be met by government officials as they undertake the normal arrivals procedure. All incoming international passengers will then be transported free of charge to designated accommodation where they must undertake a strict 14-day quarantine period.

**Who will pay for my accommodation during the compulsory quarantine period?**

The costs of accommodation and essentials will be met by the Victorian Government.

**How will the quarantine be enforced?**

The designated accommodation will be subject to security oversight and quarantined travellers must remain in that accommodation for the entire period.

**Can I leave the accommodation facility at all?**

No, you must remain in strict quarantine for the entire 14-day period, unless there is an emergency situation, or you have been granted permission to leave because:

- you need to attend a medical facility to receive medical care
- it is reasonably necessary for your physical and mental health
- there are compassionate grounds.

If your accommodation has a balcony or veranda, you may use that provided you conform to physical distancing requirements.

**Does this apply to all arriving passengers?**

Yes. Given the risks associated with transmission of coronavirus by arriving international travellers, the only exception is flight crew. The restriction also applies to passengers arriving on chartered flights, private aircraft and passengers or crew disembarking in maritime ports from private or commercial vessels.

**What if I work in an essential occupation or profession?**

All arriving passengers on all incoming flights or ships must undertake compulsory quarantine.

**Can I have visitors when I am quarantined?**

No. You must not have physical contact with anyone else during the time of your quarantine. Friends and family are encouraged to stay in close contact by phone or online.

**Can I communicate with people while I am quarantined?**

Yes. You will be able to use your mobile phone, laptop, tablet or other device as you normally would.

**Can I apply for an exemption to the quarantine?**

You may apply for an exemption under exceptional circumstances, such as, for example, if you are undertaking end of life treatment, or you were travelling to visit a loved one who is at the end of their life, but the circumstances of each application will be reviewed to limit the risk of spreading coronavirus in the community or the health system.

There are no quarantine exceptions for different professions, including health professionals. All arriving passengers on all incoming flights or ships must undertake quarantine.

**Does the compulsory quarantine apply if I am a resident of Victoria?**

Yes. All incoming travellers must go into compulsory quarantine. Even if you live at a location within a convenient travel time of the Victorian airport at which you arrived, you must enter quarantine to safeguard the community.

**Do I have to go into quarantine if I have a disability?**

Yes. If you have special requirements, speak to the quarantine coordinator at the airport. If you are travelling with a carer, or being met by a carer, that person must accompany you into quarantine and remain there with you under the same conditions for the 14-day period.

**Can I book an international flight out of Australia before the quarantine period is up if I don't want to stay the full 14 days?**

No. All incoming passengers are required to complete the full 14 days quarantine and cannot book international travel and leave. If passengers are well and display no symptoms by the end of the 14 days, they may book flights at that point.

**Do I have to go into quarantine if I am just transiting through Victoria?**

The quarantine requirement triggers at the place you first set foot on Australian soil. When you successfully complete the quarantine requirement, you may continue your journey.

**I have been already been quarantined in another country. Do I need to do quarantine again?**

Yes, all incoming passengers must undertake compulsory quarantine in Australia for 14 days.

**What if I am travelling as part of a group?**

The entire group you are travelling with must submit to compulsory quarantine. Every effort will be made to ensure your travelling group is accommodated appropriately.

**What are the penalties for not complying with the quarantine requirement?**

A person who fails to comply with this direction will be liable for fines of up to approximately \$20,000.

**Where can I get more information about coronavirus?**

For updates, go to: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

You can also call the coronavirus hotline: **1800 675 398**

If you require a translator to help you, call the translating and interpreting service on **131 450** and ask for the coronavirus hotline.

## Questions and Answers – while in quarantine

**What type of accommodation is being provided by the Victorian Government and where will it be?**

Quarantined travellers will be housed in suitable accommodation for the full 14 days of the quarantine period. This accommodation includes hotels and apartment hotels.

**What about my pets? Is there any provision for them?**

Please call the Government Support Service on **1800 960 944**. The service will help you make the necessary arrangements for your pets.



### **I need to get my car out of the carpark at Melbourne Airport.**

Melbourne Airport has agreed to waive any overstay fees associated with travellers having to quarantine. At the end of your 14 day quarantine the Victorian Government will meet the costs of a taxi fare back to the airport so you can collect your car.

### **Can I have things brought to me from home by family and friends?**

Only authorised drivers can deliver to the accommodation. Family and friends cannot visit or deliver items to the accommodation.

You can arrange to have items picked up in Victoria and delivered to you at the hotel through the Government Support. If you live interstate you will need to arrange a Melbourne collection point for your care parcel. This service is provided at no charge to you and can be used twice during your 14-day quarantine.

First you need to ask a family member or friend to pack up the items you need into a plastic bag and clearly label them with the contents of the parcel, your name, the name of the hotel and your room number.

- **You CAN include** clothes, medications, toiletries, mobile devices or laptops, toys and books, non-perishable foods. No individual bag can weigh over 12kg so we suggest you separate into two bags if there are some heavy items.
- **You CANNOT include** perishable or cooked food, alcohol, cigarettes or illicit drugs.

Once your items are ready call the Government Support Service on 1800 960 944 to arrange collection. They will organise for authorised drivers to collect your items and deliver to the hotel. The items will be sanitised on receipt and delivered to your door.

### **What support will I get while I am in quarantine?**

While you are in quarantine you will have access to a range of support provisions including meals, personal items such as toiletries and nappies, toys and craft items for children, and on-site medical care. Everyone in quarantine will receive three meals a day.

A Government Support Service is also available and will endeavour to meet reasonable requirements of returned travellers. You can call this service on **1800 960 944**. With many people arriving this week we have this service staffed seven days a week - if you can't get through please leave a message with your contact details for a return call.

### **I have food allergies or special dietary needs.**

The hotel will ask for your details including dietary requirements on your arrival. They will use this information to ensure your regular meals meet these requirements.

### **I am running low on nappies / baby food other essential items. Can I go home to get them?**

No, everyone must remain in strict quarantine for the entire 14-day period. As mentioned, we can arrange for essential goods to be collected for you from home. You can order from Woolworths supermarkets through a priority delivery process which fast tracks your order at a time when there are long delays. You **must** use this process if you wish to order from Woolworths – other delivery drivers will be turned away. Information about how to order is at the end of this Fact Sheet.



**Can we order food delivery like Uber Eats or Deliveroo?**

Unfortunately, no. We cannot have external food deliveries coming to the accommodation. Meals will be provided to your room three times a day. If you need something specific, you should contact the Government Support Service on **1800 960 944**.

**Can I use the gym or exercise outside?**

To adhere to the current quarantine direction you may only exercise in your room. It is not possible to access a gym.

**Can I smoke in my room?**

Smoking in the rooms is not permitted. The hotel may impose a substantial cleaning charge on you if it is found that you have smoked in the room.

**Do not set off the emergency alarms unless there is a genuine emergency**

If no genuine emergency is occurring you will be liable for the cost of emergency services responding.

**How will I do my laundry?**

Personal items can be laundered by the hotel. To request access to the laundry service, contact your hotel concierge. Please note most hotels will charge a fee to you for this service.

**I have an interstate flight booked, who is going to pay to fly me home in 14 days?**

You must organise and pay for your own flight arrangements at the end of the quarantine period.

**How do I get from the hotel to the airport at the end of the quarantine period?**

The Victorian Government will meet the costs for a taxi fare from the hotel to your home in metropolitan Melbourne, to a Melbourne train station, or to the airport.

**What if I have more questions?**

A Government Support Service is also available and will endeavour to seek answers to your questions. This service can be contacted on **1800 960 944**. If you can't get through please leave your name, the name of your hotel, and your room number (or your mobile phone number if available) so the Service can call you back.

## Questions and answers for families/friends of travellers returning to Australia

### **Why is the Victorian government taking this step?**

We're doing everything we can to help slow the spread of coronavirus (COVID-19).

As the Victorian Government has announced all international arrivals to Australia will be transferred directly and securely via bus services to hotels and placed in quarantine for 14 days.

All passengers will be fully supported and well cared for as they are transferred from flights to hotels. We understand that families of people returning home want to see their loved ones. However, we are asking that families do not go to the airport or to hotels.

All passengers will be transferred to hotels directly and will be able to contact loved ones once they are in hotels.

Our advice to Victorians is clear: if you can stay home, you must stay home.

### **Can we go to the airport to see our family/friends before they go into quarantine?**

No, you will not be able to meet with arriving travellers. They will be taken directly to accommodation that is suitable for their 14-day quarantine period. You will also not be able to visit them whilst they are in quarantine.

### **Can we Skype or phone our family/friends in quarantine?**

Wherever possible, accommodation will have Wi-Fi and telephone access. Friends and family are encouraged to stay in contact through Skype, phone and other online methods.

### **How can I get personal belongings and care parcels to my relative or friend who is in quarantine?**

People in quarantine can request items, including care parcels, to be collected by the Government Support Service and delivered to the hotel. Family and friends cannot deliver parcels to the Government Support Service and will not be able to enter the accommodation. Parcels are sanitised on receipt and perishable food, alcohol and cigarettes will not be accepted. Illicit drugs will be handed to Victoria Police.

### **Can my relative or friend isolate at my home instead?**

No – all travellers arriving after 11.59pm Saturday March 28 are required to quarantine at accommodation provided by the Victorian Government. The government will cover the cost of accommodation, food and other essentials during this period.

The Australian and Victorian Governments have taken this necessary step to stop the spread of coronavirus (COVID-19) in the community.

# ORDERING FROM WOOLWORTHS FOR DELIVERY TO YOU IN QUARANTINE

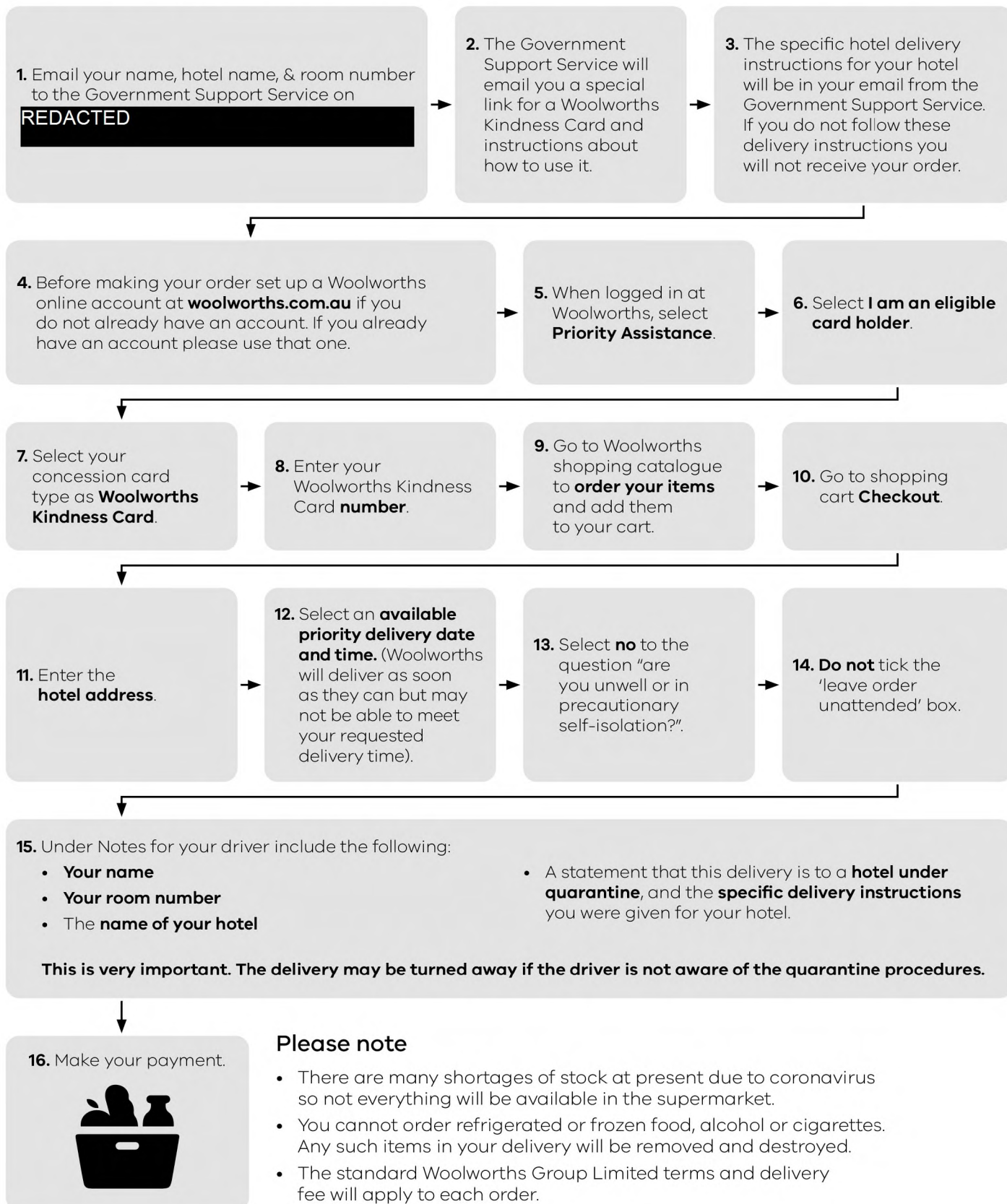
You can now order items from Woolworths through a priority delivery process. This will fast-track your orders at a time when there are long delays.

You **must** use this process if you wish to order from Woolworths.

**All other deliveries will be turned away.**

If you do not have access to your email and the internet, please contact the Government Support Service on **1800 960 944** for phone support.

## STEP BY STEP GUIDE TO ONLINE ORDERING



# KEEPING YOU UPDATED



3 April 2020

Thank you for your patience as we continue to work through the processes to support you while you are in quarantine. We know that this is tough. But these restrictions are in place to slow the spread of coronavirus (COVID-19), protect our health system and save lives. We are working on getting systems and processes in place to keep you as comfortable as possible.

Thank you for doing your bit to help slow the spread of coronavirus (COVID-19).

## **Having items from home delivered**

You can arrange to have items picked up from your family and friends in Victoria and delivered to you at the hotel through the Government Support Service. This service is provided at no charge to you and can be used twice during your 14-day quarantine. If you live interstate you will need to arrange a Melbourne collection point for your care parcel.

First, you need to ask a family member or friend to pack the items you need into a plastic bag clearly labelled with the contents of the bag, your name, the name of your hotel and your room number.

- **Items CAN include** clothes, medications, toiletries, mobile devices or laptops, toys and books, non-perishable foods. No individual bag can weigh more than 12kg so we suggest you separate items into two bags if there are some heavy items.
- **Items CANNOT include** perishable or cooked food, alcohol, cigarettes or illicit drugs.

Once your items are ready, call the Government Support Service on 1800 960 944 to arrange collection. They will organise for authorised drivers to collect your items and deliver to the hotel. The items will be sanitised on receipt and delivered to your door. Please note the legal conditions about delivery of parcels provided overleaf.

## **Ordering items from supermarkets**

We are working on a process to enable you to order additional items from the supermarket and to get priority delivery. We will advise details as soon this is in place.

## **What you can't order / other deliveries**

Perishable or cooked food, alcohol and cigarettes will be destroyed if delivered in any care parcel. Illicit drugs will be handed to Victoria Police.

To maintain safe quarantine conditions only authorised drivers are permitted to deliver items to the hotel. Those without authorisation will be turned away. This includes UberEATS or other food delivery companies, online orders or friends or family members dropping items to you.

## **If you need help**

We want to emphasise that you are not alone. From the hotel concierge to the on-site nurse, we have people to assist you during your quarantine stay. Call the hotel concierge for any issues around meals, rubbish collection or laundry services. For other inquiries call the Government Support Service on 1800 960 944.

We'll continue to send updates to you as more processes are confirmed. We hope you are staying well and thank you again for your co-operation.

## Conditions for delivery of Parcels

By requesting delivery of parcels or items of your personal property collected via the Government Support Service (“**Parcels**”) you acknowledge and accept that the following terms and conditions will apply between you and the State of Victoria as represented by the Department of Jobs, Precincts and Regions (referred to as “**Us**”, “**Our**” and “**We**”):

### 1. Delivery of Parcels containing items of your personal property via authorised drivers

You warrant that the item(s) of personal property meets the criteria described under *Having items from home delivered*, is in good, clean, safe condition and that you own the item/s or have the owner’s permission to arrange for pick-up and delivery of the Parcel to you.

### 2. Delivery of Parcels generally

You acknowledge and agree:

- (a) Delivery of Parcels to your quarantined location is at Our absolute discretion. Parcels may be inspected by Us and reasonable steps will be taken to sanitise the Parcel prior to the delivery to you.
- (b) To minimise the risk of contracting or spreading coronavirus, delivery of Parcels will not require your signature, instead Parcels will be delivered to your quarantine locations drop off point. Parcels will be left at your room door by Us or Our contractors will record your name and acknowledge delivery.

Pick-up of Parcels containing your personal property is at Our absolute discretion and will be arranged via a third-party taxi or courier service provider nominated by Us. You acknowledge that the taxi or courier service provider’s terms of services will apply (in addition to these terms and conditions). Your personal information (name and address) will be collected and shared with the taxi or courier service provider for the purpose of arranging pick-up and delivery

All personal information will be handled in adherence to the department's privacy policy. The department’s privacy policy is available from the Privacy Officer at:

Privacy Officer Department of Jobs, Precincts and Regions  
 GPO Box 4509  
 Melbourne VIC 3001 AUS  
 Email: REDACTED

### 3. Exclusions and limitations of liability

To the extent permitted by law, We and each of Our officers, employees, agents, contractors and sub-contractors, shall not be liable to any person (whether in contract, tort or otherwise) for any loss or damage suffered, or that may be suffered, as a result of any act or omission, whether negligent or otherwise, by or on behalf of Us in relation to the pick-up or delivery of Parcels (including without limitation loss or damage to Parcels), or any other matter or thing relating to this Agreement.



# KEEPING YOU UPDATED

9 April 2020



## Important news

Four fellow returned international travellers in hotel isolation have moved to an isolated floor as they have tested positive for coronavirus (COVID-19). As they are in quarantine, they pose no risk to other people and have been provided with onsite medical care and health and wellbeing support.

It is, however, a reminder of the importance of compulsory quarantine for international travellers. We hope you take some consolation from the contribution you are making to helping keep our state safe.

The health and safety of returned travellers, staff and patrons of the hotel is of utmost importance. Protocols are in place to manage physical distancing and provide a safe environment for everyone in quarantine, with further precautions in place for people who test positive for coronavirus during their stay.

## Arrangements for departing quarantine

We wanted to share the process for leaving quarantine and let you know we will be here to support you through this process. Towards the end of your stay in quarantine you will be contacted by the Government Support Service to understand your individual needs, including where you will be going once your quarantine period is complete. We will help you make the necessary plans to leave such as rebooking flights or arranging a taxi.

## If you live interstate, there are some additional considerations

There are border restrictions in many states and territories that are likely to affect your onward travel. A further period of self-isolation may be required when you reach your destination. The situation is changing rapidly. We recommend you call the Commonwealth Government's National Coronavirus Helpline on **1800 020 080** to find out travel requirements and restrictions that may be in place at your destination.

## Looking after your wellbeing while in quarantine

While you're helping to slow the spread of coronavirus, there are times when being in your room can be tough. Here are some ways to support your physical and mental health during this period.

- It may sound obvious, but the most important thing overall is to be kind to yourself. This quarantine situation is only temporary.
- Remind yourself that this period of isolation is helping to slow the spread of coronavirus and protecting vulnerable people in the community.
- Routines sound dull, but they're good for our mental health. Try to go to sleep and wake up at the same time, eat at regular times, shower, maintain a level of physical activity in your room, and change your clothes. This will help you to manage your days and adjust when life starts to go back to normal.
- Manage your stress levels, and if needed, increase your coping strategies (for example, listening to music, watching your favourite shows, meditation or exercise).

- Keep taking your medication. Phone or email your GP or pharmacist to find out how to get any new prescriptions you may need or talk to the on-site nurse.
- For those already managing mental health issues, continue to take any prescribed medication, continue with your treatment plan and monitor for any new symptoms.
- Seek professional support early if you're having difficulties.

### Stay connected

Keep in touch with friends and family on the phone, video or by online chats. This is really important in helping you – and the people you love – stay connected.

### Keep Active

There's no better way to stimulate the body and mind than through positive physical and mental activity. Getting the blood pumping through a little bit of physical exertion in your room is a great way to release energy.

Another tip is to exercise your mind. Playing games, listening to your favourite music, completing a Sudoku or reading a book helps pass the time. Activities like these are also a great way to connect online with friends and family.

### Where to turn for help?

We want to emphasise you are not alone. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay. But if you feel you need more support, Beyond Blue and Lifeline have online and telephone support services.

Beyond Blue also offers practical advice and resources at [beyondblue.org.au](https://beyondblue.org.au). The Beyond Blue Support Service offers short term counselling and referrals by phone and webchat on **1300 22 4636**.

Lifeline offers tips, resources and advice, as well as crisis and suicide support. Call **13 11 14** (24 hours/7 days); SMS **0477 13 11 14** (6pm – midnight, 7 nights) or chat online at: [www.lifeline.org.au/crisis-chat](https://www.lifeline.org.au/crisis-chat) (7pm - midnight, 7 nights).

Call the hotel concierge for any issues you're having around meals, rubbish collection or laundry services.

And of course, the Government Support Service is available for you to call on **1800 960 944** seven days a week. As well as answering your general questions and queries the service can help you:

- talk to one of the on-site nurses;
- access essential goods such as nappies, baby formula and sanitary/personal items;
- book the collection of a care package from family and friends; and
- complete an online Woolworths supermarket order using a Kindness Card which will fast track your order.

In the event of an emergency you should call **000**.

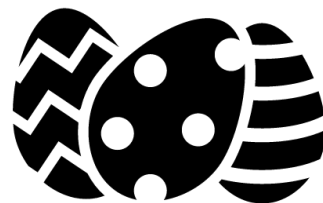
# A special delivery just for you!

Everyone deserves a little treat during the holidays. Two very kind companies have been in touch and gifted some of their lovely Easter eggs to bring a little chocolate cheer to your rooms.

I know that not everyone may be into chocolate or celebrate Easter so if that's the case simply leave them outside your door – I can assure you they won't get wasted.

## The Easter Bunny

*PS. Please note that these eggs aren't vegan, nor dairy/lactose/sugar free.*



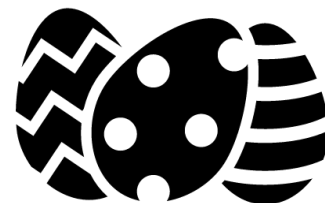
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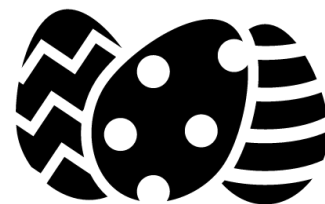
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# Release from mandatory quarantine

## Information for people exiting quarantine

Advice prepared as at 10 April 2020

## Summary

This information is for returned travellers who are nearing the end of their 14 days of mandatory quarantine. It is to help you plan and prepare for your release from quarantine, and to enable you to make necessary arrangements.

The Department of Health and Human Services (DHHS) is preparing for your departure now, with the aim of ensuring the process is smooth and timely for all involved.

Please read this document carefully and ensure that you understand the release process, and what you need to do now to get ready for release.

## Timing

### When will I be released?

Travellers in mandatory quarantine will be able to leave by midnight on the day the detention notice expires. You will not be kept in quarantine past this time. The day your quarantine expires is as follows:

Day you arrived in Victoria	Day and time when your quarantine order expires
Sunday 29 March 2020	Midnight Sunday 12 April 2020
Monday 30 March 2020	Midnight Monday 13 April 2020
Tuesday 31 March 2020	Midnight Tuesday 14 April 2020
Wednesday 1 April 2020	Midnight Wednesday 15 April 2020
And so on ....	

### What time period will checkout happen on the release day?

The release period will be from 12 pm on the day the detention notice expires. People in mandatory quarantine must not leave their rooms on that day until they are asked to do so by staff.

### Will everyone leave at the same time or together?

People will be organised to leave in a planned and staged process during the day. Because we are likely to have many people departing on the same day, we need to factor in transport arrangements, where you need to travel to and maintaining physical distancing as you check out.

## Can I request the time I get to check out?

You will receive a call from the Government Support Service in the lead up to your release day to arrange transport. You will be able to submit your preferences for release times. Preferences will be accommodated where possible and according to need (e.g. if you need to catch an onward flight).

## What is the latest time I can leave?

No person will be kept in mandatory quarantine past midnight on the day the detention notice expires.

## Checkout process

### What does the release process entail?

The release process will consist of an organised check out procedure (the compliance checkout). This will mean people will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the checkout process. You will also need to settle any monies owing to the hotel for additional meals and drinks if you have not already done so. Physical distancing must be maintained throughout this process.

### What happens during the compliance checkout?

Prior to your departure, you will be given a compliance form with your documented end date and time of quarantine. The Department of Health and Human Services authorised officer will confirm the period of detention with you and will ask you to sign the compliance form. You need to be signed out by an authorised officer before you can leave.

### Will I be given any proof that I have completed mandatory quarantine?

You will be given a letter from the Victorian Department of Health and Human Services as proof that you have completed the required quarantine period in Victoria, and the time period in which you completed it.

## Health check

### Will there be a health check before leaving?

Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release. This is voluntary and you are not obliged to complete this check.

### What happens if I have a temperature or symptoms at the health check or before leaving?

If you have a temperature or other symptoms of coronavirus (COVID-19) before leaving or at the health check, this will not affect the completion of your detention. You will not be detained for longer than the 14-day quarantine period, even if you have symptoms consistent with coronavirus (COVID-19) (see below). However, if you do have symptoms at the health check, when you are released you will need to seek medical care and self-isolate as appropriate, as do all members of the community.

## Things to start planning now

### Transport for Victorians

If you live in metropolitan Melbourne, an authorised driver will be available to take you to your destination at no cost to you. If you live outside metropolitan Melbourne, the driver will be available to take you to an appropriate public transport connection, to meet a family member or friend to take you home, or to the airport to collect your car.

Family and friends are not permitted to meet you at the hotel for health and safety reasons, but your driver can take you to an arranged meeting point within the Melbourne metropolitan area

### **Transport onwards or interstate**

If you live interstate, you can make your onward travel arrangements now.

If you need to book a flight to somewhere else, including interstate, please make this booking now. If you have trouble booking a flight, the Government Support Service can assist. Call them on **1800 960 944** for assistance. Please be aware that states and territories have their own quarantine arrangements in place, and some states may require a second 14-day quarantine period for travellers coming from Victoria. Just because you have completed 14 days of quarantine in Victoria does not automatically mean you will be exempt from 14-day quarantine in other states. We recommend you call the Commonwealth Government's National Coronavirus Helpline on **1800 020 080** to find out travel requirements and restrictions that may be in place at your destination.

### **If I am going to the airport to fly out the next day, where can I stay?**

If you need somewhere to stay before catching a flight in the coming days, please contact the Government Support Service on **1800 960 944** as soon as possible. We may be able to assist you with accommodation.

### **My car has been at the airport for 14 days longer than expected – will there be a late fee?**

If you parked in a Melbourne Airport operated carpark, the airport has agreed to waive any overstay parking fees associated with travellers who have been in mandatory quarantine.

### **How do I get my luggage?**

Any luggage which is not in your room will be provided to you when you complete the compliance check out.

### **I've been given some toys/games/chocolates - can I take them with me?**

You can take with you any items that you have been given during your stay. Please note that doesn't include items belonging to the room such as linen, pillows, and appliances.

### **Lost property – who do I contact if I leave something behind?**

If you have left something behind please contact the Government Support Service **1800 960 944** and they will assist in locating your property. Please take time to do a complete check of your room (including the room safe and under furniture) prior to check out.

## **Restrictions**

### **What measures should I take when I leave?**

You must still take the same precautions as everyone else in Victoria once you are released from quarantine. Physical distancing and strict hygiene measures are still required, as you can still become infected with coronavirus (COVID-19) after release. A summary has been provided with this fact sheet, but these restrictions change over time, so you should regularly visit the department's physical distancing webpage:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>.

## **Do the current restrictions apply to me?**

There are currently measures in place in Victoria called the 'Stay at Home' Directions. These apply to everyone in Victoria, even if you have completed a 14-day quarantine. If you can stay home, you must stay home. You can be fined for breaching these directions.

## **Coronavirus infection**

### **Am I still at risk of coronavirus (COVID-19) infection?**

Just because you have completed quarantine does not mean you are not at risk of getting infected with coronavirus (COVID-19) in the community. You must still practise stringent hand hygiene and physical distancing, and must stay at home unless necessary to go out.

For more information, visit the department's physical distancing webpage:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

For more information on the directions, see: <https://www.dhhs.vic.gov.au/state-emergency>

### **Am I still considered high risk for infection with coronavirus (COVID-19)?**

According to the existing evidence, the longest incubation period for coronavirus (COVID-19) is 14 days. Your travel history is no longer considered a risk factor for infection with coronavirus (COVID-19), as you have completed the required 14 days of quarantine. However, you will now face the same risks as others in the community and are required to comply with current guidelines for the broader community.

### **What if I have been diagnosed with coronavirus (COVID-19) while in quarantine?**

If you were diagnosed with coronavirus (COVID-19) during the quarantine period, you are required to self-isolate until you meet the discharge from self-isolation criteria as per current guidelines. However, you will be released from mandatory quarantine. If you do not have somewhere that you can safely self-isolate, please ask during your welfare check for assistance in arranging accommodation while you are in isolation.

### **What if I am awaiting a coronavirus (COVID-19) test result?**

If you are awaiting a coronavirus (COVID-19) test result, you are considered a suspected case. You will still be released from mandatory quarantine. You will, however, be required to self-isolate at your home or in other accommodation until the result of your test is known. If you need assistance with arranging accommodation to self-isolate in, please ask during your welfare check for assistance in arranging accommodation while you are in isolation.

### **If I am a suspected or confirmed case and I want to travel home, what precautions do I need to take?**

Arrangements will be made for residents who are suspected or confirmed cases to checkout separately from other residents. You will be given a face mask to wear when you leave your room. You must take appropriate physical distancing and infection control precautions at checkout, when leaving the accommodation and when travelling home. You should travel by private car where possible, sit in the rear seat and wear a face mask. You must self-isolate until you are discharged from isolation by the department and your treating doctor. If you are a suspected case, you must self-isolate until you receive your test results.

### **What should I do if I develop symptoms after release?**

If you develop fever or acute respiratory symptoms after you are released from quarantine, you should stay at home and call your GP or the coronavirus (COVID-19) hotline (**1800 675 398**) for advice. If you are very unwell you must seek medical review.

## Other

### Who can I go to if I have other questions?

If you have further questions which aren't addressed in this document, or other specific needs, please ask at your welfare check before release so we can assist you to access help. You can also contact the Government Support Service on **1800 960 944**.

### How can I access support if I am feeling anxious?

There are a range of support services available in the community that you can access:

- **Beyond Blue** offers practical advice and resources at [beyondblue.org.au](https://beyondblue.org.au). The **Beyond Blue Support Service** offers short term counselling and referrals by phone and webchat on **1300 22 4636**.
- **Lifeline** offers tips, resources and advice, as well as crisis and suicide support. **Phone: 13 11 14 (24 hours/7 days). Text: 0477 13 11 14 (6pm – midnight AEDT, 7 nights). Chat online: [www.lifeline.org.au/crisis-chat](https://www.lifeline.org.au/crisis-chat) (7pm - midnight, 7 nights)**
- **Phoenix Australia, the Centre for Post-Traumatic Mental Health**, offers advice, tips and resources at [phoenixaustralia.org](https://phoenixaustralia.org)

### What if I need to get a prescription before I am released?

If you need to get an urgent prescription filled before you are released from quarantine, please ask during the welfare check at least 24 hours before your release day. If it is not urgent, you will be asked to fill the prescription yourself after you have been released from quarantine.

### What if I need medical care after I am released?

After your release, your medical care should be managed by your usual healthcare provider. If requested, the details of any medical treatment you received while in quarantine can be provided to your regular doctor.

***We appreciate that this has been a difficult period for you. Thank you for doing your part to protect Australia from coronavirus.***

# Physical distancing requirements in Victoria – as at 9 April 2020

Please refer to the website regularly for updates: <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

## Personal actions to reduce your exposure

- Stay at home. Don't visit friends, and don't visit family at this time.
- You should only be outside for one of the following four reasons:
  - shopping for what you need - food and essential supplies
  - medical, care or compassionate needs
  - exercise in compliance with the public gathering requirements
  - work and study if you can't work or learn remotely
- Do not travel overseas, interstate, take a cruise or travel domestically in Victoria unless absolutely necessary.
- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and for smokers, quitting.
- Do not participate in community gatherings including community sport. Gatherings of more than two people are not allowed except for members of your immediate household and for work or education purposes.

Take the following hygiene actions:

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 percent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Do not share drink bottles, crockery or cutlery.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a distance of at least 1.5 metres is kept between yourself and others.
- Get vaccinated for flu (influenza). This will help reduce the strain on the healthcare system as it deals with coronavirus. Vaccines are now available from your GP and pharmacy.
- Clean and disinfect high touch surfaces regularly e.g. phones, keyboards, door handles, light switches, bench tops.

## Prepare for quarantine or self-isolation

- Shop for what you need, and only what you need.
- Ensure you have enough non-perishable food for you and your family for 14 days.
- Ensure you have enough medication for you and your family for 14 days.
- Plan with friends and family how you would manage if you need to self-isolate for 14 days.

## Take personal action to protect your community

- If you have had close contact with a person with coronavirus (COVID-19), you must quarantine for 14 days. You will be notified by the Department of Health and Human Services and advised of what you must do.
- If you're in quarantine or isolation, you can't:
  - leave that place except in an emergency.
  - allow other people into the home if they don't live there.
  - be closer than 1.5 metres to others in the home.
- Stay at home and avoid all gatherings of more than two people including yourself. This minimises the chances of transmission, protects the health system and saves lives.
- You should only be outside for one of the following four reasons:
  - shopping for what you need - food and essential supplies
  - medical, care or compassionate needs
  - exercise in compliance with the public gathering requirements
  - work and study if you can't work or learn remotely
- If you are with other people e.g. in supermarket, you must observe the rule of 1 person for every 4 square metres to ensure a safe physical distance. Keep 1.5 metres away from others.
- The Victorian Government has already ordered the closure of a range of facilities including hotels, pubs and clubs (excluding bottle shops within those venues), casinos, cinemas, nightclubs, entertainment venues, gyms and indoor sporting centres. See: [Directions from Chief Health Officer](#).
- There are now further closures of non-essential businesses, limitations on certain activities, and closure of a range of venues, attractions and facilities where large numbers of people would otherwise be in close proximity.
- If you need to leave your home, keep the time short.
- Do not attend places of worship unless you are attending a funeral or wedding.
- Weddings may be held in places of worship (or other venues), but only with the couple, celebrant and two witnesses in attendance.
- Funerals may be held in places of worship, funeral parlours or other venues, with a maximum of ten mourners in attendance.
- Do not take part in community sports, including golf.
- Do not go camping or hiking. Many sites have been closed including high visitation sites, historic sites and camp sites. For more information check the Parks Victoria website.
- Where possible, use debit and credit cards instead of cash and make use of online and self-serve transactions (for example, Myki top ups).
- If using a change room do not share items like towels and soap bars, and wash your hands after changing.
- Only travel when necessary and use public transport in less busy periods if you can. Walk or cycle if possible.
- If you are elderly or vulnerable avoid public transport.
- Ride in the back of taxis, uber and ride shares.
- Any gathering of more than 2 people except for members of your immediate household and for work or education purposes, is a risk for transmitting coronavirus and is not allowed.



# FW: Compliance and Enforcement Plan

---

**From:** REDACTED  
**To:** REDACTED, "Noel Cleaves" REDACTED, "Anthony J Koimus" REDACTED  
**Cc:** REDACTED  
**Date:** Mon, 06 Apr 2020 12:13:53 +1000  
**Attachments:** Quarantine compliance policy - CHO Emergency powers directions.docx (146.92 kB)

Further to our discussion this morning  
RE started this yesterday, REDA will massage it today.  
Any comments through to REDA to coordinate so that we can put it to Meena?  
Thanks  
REDA

REDACTED

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**From:** REDACTED  
**Sent:** Monday, 6 April 2020 10:02 AM  
**To:** REDACTED  
**Cc:** REDACTED  
**Subject:** FW: Compliance and Enforcement Plan

RE quickly pulled this together  
It needs a bit of refinement

REDACTED

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**From:** REDACTED  
**Sent:** Sunday, 5 April 2020 3:28 PM  
**To:** REDACTED  
**Subject:** FW: Compliance and Enforcement Plan

Hi REDA

Please find attached a quick and dirty version that I will further refine tomorrow once we have the go ahead.

I will simplify it more and have sections that show the AO responsibilities and can lift them all up into one attachment for AOs if needed.

Kind regards

REDACTED

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**From:** REDACTED



Sent: Sunday, 5 April 2020 2:23 PM

To: Meena Naidu [REDACTED]

[REDACTED]

[REDACTED]

Anthony J Kolmus [REDACTED]

Noel Cleaves [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Anna Peatt [REDACTED]

Cc: COVID-19 Vicpol <[COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au)>

Subject: Compliance and Enforcement Plan

Hi Meena

For discussion tomorrow, may I propose an alternative approach to the oversight of the/a compliance and enforcement plan going forward?

As flagged on Friday afternoon, I've asked RE to do a quick extract of all things from the physical distancing plan relating to quarantine so it's in one place. This will include the additional processes around permissions to leave or special transfer arrangements etc, and is intended to be accessible enough to be given to an AO for use as guidance on the ground. It is in response to feedback that some AOs are operating either inconsistently or with limited guidance and support. In the first instance could we have this approved by you for use and dissemination so we can get it out more promptly? It needs constant updating as things evolve and the approval up the line is meaning that AOs are operating a bit blind/in a vacuum of guidance as we await formal sign offs. We would continue to triage/check off legal or public health issues appropriately before they are included.

We could build in some strong version control and still feed into Finn's plan as a whole. However this approach would mean you would need to negotiate with him the ownership of this sub-document on a day to day basis being with you. That case could be on the basis of the majority of it being operational/logistics, with only formal approvals for exemptions/permissions going through usual HP chain of command with escalation for his involvement on those elements.

Keen to attempt to retrofit some systems that will be more sustainable going forward. I think this approach would enable us to be more flexible and responsive (and offer practical support) while still respecting the chain of command and approvals process.

Would appreciate your direction on this and the further thoughts of the team members who are on the ground of what is most useful.

Thanks

[REDACTED]

[REDACTED]

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From: Meena Naidu [REDACTED]

Sent: Saturday, 4 April 2020 2:41 AM

To: [REDACTED]

[REDACTED]

Anthony J Kolmus [REDACTED]

Noel Cleaves [REDACTED]

[REDACTED]

Cc: COVID-19 Vicpol <[COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au)>

Subject: FW: FOR APPROVAL - DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - 4 March 2020

Importance: High

FYI

Kind regards  
Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance  
Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

REDACTED



**From:** Finn Romanes REDACTED  
**Sent:** Friday, 3 April 2020 6:03 PM  
**To:** Annaliese Van Diemen REDACTED Brett Sutton REDACTED  
**Cc:** Meena Naidu (DHHS) REDACTED Merrin Bamert REDACTED  
 REDACTED Sandy Austin (DHHS) REDACTED Andrea Spiteri REDACTED  
 REDACTED Kym Arthur REDACTED Pam Williams  
 REDACTED Noel Cleaves REDACTED Michael Mefflin REDACTED  
 Melody Bush REDACTED REDACTED REDACTED  
 REDACTED REDACTED Simon Crouch REDACTED  
 REDACTED REDACTED Katherine Ong REDACTED Bruce Bolam REDACTED  
 REDACTED Kira Leeb REDACTED Ed Byrden REDACTED

**Subject:** FOR APPROVAL - DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - 4 March 2020  
**Importance:** High

Dear Annaliese and Brett

Please find attached the draft Plan for Approval.

Not every aspect of the operational and compliance arrangements for mandatory quarantine are complete, but I commend this plan as an interim formal statement of policy, process and procedure in order that it is all in one place, to guide this complex societal and public health intervention package.

Rather than put this document formally to a further large group for review, I have consulted widely and commend the attached.

There will be many opportunities to tweak aspects over the coming days.

I'm sure we can work again on many aspects, and there will be more changes to Directions and approach required.

Finn

Dr Finn Romanes  
 Deputy Public Health Commander - Planning  
 Novel Coronavirus Public Health Emergency  
 REDACTED

Department of Health and Human Services  
 State Government of Victoria

# COVID 19 - Quarantine (mandatory detention) compliance policy

Detention notice direction under *Public Health and Wellbeing Act 2008* - 5 April 2020

## Purpose

This plan intends to:

- Provide clarity to all parts of the Department of Health and Human Services' (the department's) quarantine (mandatory detection) intervention as part of the response to coronavirus disease 2019 (COVID-19);
- Describe the strategy and protocols for the quarantine (mandatory detention) intervention;
- Describe the compliance and enforcement policy for the mandatory detention directions.

## Scope

In scope for this policy is quarantine (mandatory detention) interventions in Victoria.

### Directions

At the current time, Directions and detention orders are generally signed by Dr Annaliese van Diemen (Deputy Chief Health Officer) as authorised by the Chief Health Officer.

Consideration is being given to expanding the list of authorised officers who can sign directions to include other Senior Medical Advisors within the response who are Authorised Officers.

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

#### Direction – detention notice – 27 March 2020

- Orders the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a specified room in a hotel, with only limited reasons wherein leaving the room can be allowed.

## Process

### Enforcement and Compliance Command for Mandatory Quarantine

#### Deliverables of the enforcement and compliance function

The Director of Health Regulation and Compliance role is responsible for:

- Overall public health control of the detention of people in mandatory quarantine;
- Oversight and control of authorised officers administering detention;
- Administration of decisions to detain and decision to grant leave from detention.

#### Authorised officer\* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

DHHS staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the CHO. This authorisation under s.199 has an applicable end date; relevant AOs must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they have been authorised under s.199 should contact administrative staff in the DHHS Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on DHHS authorised officers including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.*

### **Required authorised officer actions at the airport**

The lead for this situation is the Compliance Lead through a lead Authorised Officer.

DHHS Authorised Officers\*:

- declare they are an Authorised Officer and show AO card [s.166] **(mandatory AO obligation)**
- must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:
  - explain the reasons for detention [s. 200(2)] **(mandatory AO obligation)**
  - warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply [s. 200(4)] **(mandatory AO obligation)**
- ensure the Direction and Detention Notice:
  - contains the hotel name at which the person will be detained
  - states the name/s of the person being detained
- record issue and receipt of the notice through a scanned photograph and enter into business system
- if necessary, facilitate a translator to explain the reasons for detention
- facilitate any reasonable request for communication, such as a phone call or email [s. 200(5)] **(mandatory AO obligation)**
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.



- use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.
- check the vehicle transporting detainees is safe (in accordance with the review of transport arrangements procedure)

If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.

\*DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

### **Authorised Officer review of transport arrangements**

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and detainees?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then vehicle must be cleaned in accordance with DHHS advice (business sector tab).
- Ensure the driver required to wear PPE?
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each detainee to complete enroute or at the hotel?

### **People who are unwell at the airport**

The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a DHHS staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment;
- The authorised officer from DHHS at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel.
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (comments as above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

### **Requirement for review each day**

- DHHS AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] **(mandatory AO obligation)**.
- DHHS AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health

- any other issues that have arisen.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detention
- consider that detention is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO<sup>1</sup> becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

#### **Additional roles of the AO**

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO going onto the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc.
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

#### **Charter of Human Rights considerations in decision-making making process**

AO should consider the Charter of Humans Rights when exercising emergency powers and reviewing a person's detention every 24 hours, namely:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment** – This includes protecting detainees from humiliation and not subjecting detainees to medical treatments without their consent
- **Right to freedom of movement** – While detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – This includes protecting the personal information of detainees and storing it securely
- **Right to protection of families and children** – This includes taking steps to protect facility and children and providing supports services to parents, children and those with a disability
- **Property rights** – This includes ensuring a detainee's property is protected

- **Right to liberty and security of person** – this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** - This includes treating detainees with humanity

### **Mandatory reporting (mandatory AO obligation)**

A DHHS AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

### **Grant of leave from the place of detention**

This is a different legal test to that which applies after the notice is issued. It relates solely to the granting of leave (permission) and requires a different process and set of considerations.

The detention notice provides for a 24-hour review (which is required by legislation) to assess whether ongoing detention is needed, and, in addition, a person may be permitted to leave their hotel room on certain grounds, including compassionate grounds.

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

### **Potential mechanisms for grant of leave from detention**

Noting that there are broadly two mechanisms available to the authorised officer on behalf of the Compliance Lead / Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the authorised officer (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained.

The Public Health Commander could determine that detention should be served in an alternative location to a hotel, by writing a detention order to that effect.

### **Potential reasons for permission to grant leave from detention**

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be exceptional and always based on an individual review of circumstances.

In the following circumstances there could be consideration of permission grant after an application to the Deputy Chief Health Officer however this will require permission:

- A person who has a medical treatment in a hospital;

- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- An unaccompanied minor (in some circumstances – see below);
- Instances where a person has a reasonably necessary requirement for physical or mental health or compassionate grounds to leave the room, as per the detention notice.

Note that the last category is highly subjective. This means it is the expectation of the authorising environment that exemption applications on those grounds are made on exceptional circumstances.

### **Process for considering requests for permission to leave or not have detention applied**

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects their ability to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in **REDACTED** and Ed Byrden.

### **Considerations**

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function, and should always be funnelled through the COVID Directions inbox. That will allow that inbox to be a complete repository of all categories of requests for permission, exceptional circumstances requests and advice / exemption requests.

There should then be a presumption that these requests are forwarded immediately (within two hours) to [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for review by an Authorised Officer working directly to the Director lead for compliance and enforcement, as these are a high priority category of request.

### **Temporary leave from the place of detention (Detention notice)**

There are four circumstances in which permission may be granted:

#### **1. For the purpose of attending a medical facility to receive medical care**

- D/CHO or Public Health Commander will consider circumstances determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- In particular circumstances, an on-site nurse may need to determine if medical care is required and how urgent that care may be. DHHS AO officers and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Regulation and Compliance officer to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.

#### **2. Where it is reasonably necessary for physical or mental health; or**

See *policy on permissions and application of mandatory detention*

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- If approval is granted:
  - the AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises



- persons subject to detention should always be accompanied by an on-site nurse, DHHS authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which detainees are temporarily outside their premises at any one time.

### 3. On compassionate grounds;

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention*
- The AO must be notified if a detainee has been granted permission to temporarily leave their room and under what circumstances.

### 4. Emergency situations must also be considered.

- DHHS authorised officers and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to detainees
- if deemed that numerous detainees need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- the accompanying DHHS authorised officer or a Victoria Police officer should ensure that all relevant detainees are present at the assembly point by way of a register of detainees.

#### **AO Process for permission to temporarily leave from detention (exercise, smoking breaks, medical appointments, hospital transfer – to clarify)**

Me to insert Summary of Appendix XX AO Guidance on how to grant permission for temporary leave

- There is also a one pager to explain to AO how to grant permission at Appendix XX
- A formal notice that sets out the terms of the permission to temporarily leave detention is available at Appendix XX

A table to help AO register when they grant permission at Appendix XX

The process for a person not yet in detention is:

- Members of the public who wish to ask for detention not to be applied, or permission to be granted to leave, have the option of submitting a request in writing to the COVID Directions inbox;
- Authorised officers should also use the COVID Directions inbox to submit requests for detention not to be applied or permission to be assessed so that the COVID Directions inbox is a complete funnel for handling these requests;
- All requests for permission that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management (lead for COVID-19 Directions) who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether the application should proceed to the next step. There is a policy view – outlined in this Plan – that exceptional circumstances are generally required for the Authorised Officer to NOT issue a notice of detention for an overseas arrival;
- If a request is determined to require to proceed, it should then be sent to [COVID-19.vicpol@dhhs.vic.gov.au](mailto:COVID-19.vicpol@dhhs.vic.gov.au) for review by the AO reporting directly to the Direct E+C;
- The Compliance Lead will seek legal advice and a discussion with the Deputy Public Health Commander urgently if required;
- The outcome will be recorded in writing and communicated back to the COVID Directions team and requestor in writing.

## Diplomatic requests

- Start of process to confirm diplomatic status
  - DFAT advises us about incoming diplomat to Victoria – time, date, name etc.
  - Authorised officer meets diplomat and provides Direction and Detainment Notice (see below).
  - Diplomat advises an Authorised Officer they are a diplomat – DHHS will confirm the diplomatic status with DFAT and services diplomat with Direction and Detainment Notice.
  - An Authorised Officer should escalate query to Meena and RE, who can work with DFAT to confirm status.
- Application of detainment arrangements – all diplomats should be issued with the Direction and Detainment notice (this may be a Modified Direction and Detainment Notice to reflect the person's diplomatic status)
  - If the diplomat intends to reside in Victoria, they should be issued with a notice as per Victoria's detainment arrangements (same location, reviews etc)
  - If the diplomat intends to onward travel to Canberra or somewhere else (such as a Consulate), they should comply with the notice until they intend to travel and they should be provided with a letter from Annalise noting the Victorian self-isolation arrangements have ceased to let them travel but certain undertakings should be followed (e.g. undertake the balance of self-isolation in the place they finally reside at).
- Examples of requests where a standard response can be considered are diplomatic requests and requests to undertaken quarantine in the state the person resides in (Attachments XX Letter to interstate resident concluding detainment arrangements and Appendix XX Letter to diplomat concluding detainment arrangements)

## Policy on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly;
- Person can easily contact parent / guardian;
- Has adequate food;
- Remote education is facilitated.

A draft detention notice is being put together by Legal Services should this be required.

### When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

### When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

Whilst it may be acceptable for older children (16 – 18 year old) to be in quarantine without their parent(s) or guardian, it's likely to be unacceptable for younger children (12 or 13 years old or younger) and in that situation it's more appropriate to defer an alternative arrangement (i.e. parents join them in quarantine or quarantine at home).

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

We'll need to ensure that authorised officers monitoring unaccompanied minors have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

#### When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

#### When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at Appendix 7.
- A guideline for authorised officers in this respect is found at Appendix 8.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and department.

#### **Working with Children Checks and Child Safe Standards**

DHHS will work with Department of Justice and Community Safety to facilitate Working With Children Checks for Authorised Officers.

#### **Escalation of issues**

Should an AO become aware of any concern about a child, the AO must:

- contact DHHS welfare teams immediately
- contact after hours child protection team and Victoria police if AO thinks a child may be harmed

#### **Release from mandatory quarantine (detention) after 14 days**

The fourteen-day period is calculated from the day following arrival of the person in Australia and ends at midnight fourteen days later/

DHHS Authorised Officer prior to release should:

- review the case file and ensure the 14 day detention has been met.
- liaise with on-site nurse to check the detainee meets the following – i.e. no symptoms of COVID-19 infection;
- any physical checks of the room (damage, missing items, left items etc).

### **Supporting detainee to reach their preferred destination:**

- DHHS organise for the detainee to be transported to their destination by completing a cab charge, Uber or appropriate mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

DHHS AO to update the business systems database with details of release.

### **Options to facilitate compliance**

DHHS authorised officers should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide an DHHS authorised officer:

- explain the important reasons for detention, that is this action is necessary to reduce the serious risk to public health (**mandatory obligation**)
- provide the person subject to detention with a fact sheet and give opportunity to understand the necessary action
- provide the person subject to detention opportunity to communicate with another person, including any request for a third-party communicator (such as translator), family member or friend (**mandatory obligation**)
- seek assistance from other enforcement agencies, such as Victoria Police, to explain the reason for detention and mitigate occupational health and safety concerns
- discuss matter with on-site nurse to ascertain if there are any medical issues that may require consideration or deviation from the intended course of action
- issue a verbal direction to comply with the Direction and Detention Notice
- advise that penalties may apply if persons do not comply with the Direction and Detention Notice
- recommend that Victoria Police issue an infringement notice if there is repeated refusal or failure to comply with a direction
- recommend Victoria Police physically detain the non-compliant individual for transfer to another site.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches the direction.

### **Transfer of uncooperative detainee to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)**

It is recommended that a separate mode of transport is provided to uncooperative detainees to hotel or other for 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

### **Unauthorised departure from accommodation**

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the DHHS authorised officer should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, DHHS authorised officer should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air

- a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
  - consider issuing an official warning or infringement through Victoria Police
  - reassess security arrangements
  - report the matter to the Director, Regulation Reform.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Occupational health and safety for Authorised Officers

See **Appendix 9** for Occupational health and Safety measures.

## Logistics for Mandatory Quarantine

### Deliverables of the logistics function

The Director of the Office of the Secretary in DJPR role is responsible for:

- contract management with accommodation providers;
- transport arrangements from the airport;
- material needs including food and drink.

### Airport and transit process

The lead for this situation is the DHHS Authorised Officer.

Passengers pass through immigration, customs and enhanced health checks before being transferred to their hotel.

- Every passenger is temperature checked by a registered nurse (RN) contracted by DHHS.
- Every passenger is handed a copy of the direction and a detention notice by a DHHS Authorised Officer (AO) authorised under the emergency provisions of the *Public Health and Wellbeing Act 2008*.
- Every passenger is provided an information sheet by DHHS.
- Passengers are met by VicPol/Border Force and escorted to organised buses for transport to the hotel.
- Every passenger is given a single-use facemask to wear while in transit to their hotel room.
- Every passenger is given a welfare survey to fill out on the bus or at the hotel.

## Health and welfare for Mandatory Quarantine

### Deliverables of the health and welfare function

The Deputy State Health Coordinator role is responsible for:

- provision of healthcare to detainees;
- provision of welfare to detainees through the Director Health Protection and Emergency Management.

### Potential threats to health and wellbeing of people in mandatory detention

Potential risks associated with detention of returned travellers for compulsory 14-day quarantine can broadly be divided in physical or mental health risks.

Physical risks	Mental health risks
Transmission/development of COVID-19	Family violence

Transmission of other infectious diseases	Depression
Other medical problems	Anxiety
Diet – poor/imbbalanced diet, food allergies/intolerances, over-consumption	Social isolation/loneliness
Lack of exercise	Claustrophobia
Lack of fresh air	Drug and alcohol withdrawal
Smoking – nicotine withdrawal, risk of smoking within rooms/fire hazard	

### Tiers of risk for persons in mandatory detention

- Residents will be triaged into three tiers of risk. The type of welfare check will depend on the tier the passenger falls into.
- For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.
- Automated text messages are sent to all passengers in tier 3 via Whispir.
- Residents may be moved between risk tiers throughout their quarantine period as need dictates.

Risk Tier	Risk factors	Welfare check type
Tier 1	Residents with suspected or confirmed COVID-19 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions)	Daily phone call
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispir)

### Arrival at hotel – check in

At hotel check-in:

- Detainee provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Detainee provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify detainees with medical or special needs.



- AO to note detainees with medical or special needs, such as prescription and medical appointments.

Persons will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

### **Welfare and health service provision**

- Residents will have a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### **Conduct of a welfare check**

A welfare check will allow passengers to be assessed for medical and social issues, and concerns flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. A welfare check will be conducted by a DHHS officer which is included as a script at **Appendix 5**.

### **Safety / mental health**

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

### **Family violence (FV)**

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

### **Alcohol and other drugs**

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

## Diet

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.
- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with staff.
- Ensure access to additional food if required.

## Exercise and fresh air

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.
- Residents should be provided with resources for exercise routines and yoga/mediation that they can perform safely within their rooms.

## Procedure for a detainee / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.

The steps that must be taken by the detainee are:

- Confirm to the person who will escort them that they are well;
- Confirm to the person that will escort them that they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room;
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations;
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it;

The procedure for the security escort is:

- Don a single-use facemask (surgical mask);
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water as the end of each break.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

### In addition:

Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total. They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.

Smokers can take up to 2 breaks per day if staffing permits.

Rostering to be initiated by the DHHS staff/AO present.



## Social and communications

- All residents should have access to **free** wifi/internet where at all possible.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.
- Toys and equipment should be provided for small children if possible.

## Care packages for people in detention

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in detention. The care package should be provided to the hotel reception or other party for conveyance to the person in detention and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in detention without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

## Smoking policy for people in detention

As part of the emergency response to COVID-19, individuals have been confined within hotels while under quarantine. The movement of these people has been restricted to hotel rooms, without access to outdoor spaces, where they can smoke.

### Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

In many cases, hotels have implemented their own smoke-free policies in rooms as the smoke is likely to enter the centralised air conditioning systems resulting in occupants of other rooms and staff being exposed to the smoke. Smoke also remains on the surfaces of the room and permeates soft furnishings meaning that it remains in the room and exposes staff cleaning the room to the remaining residual smoke. The Department of Health and Human Services supports and encourages hotels to designate their rooms smoke-free.

If smokers were to be permitted to leave their rooms for supervised cigarette breaks, they would need to be taken to an area that does not constitute an enclosed workplace. This might be a balcony, roof top or other outdoor area. This area should preferably be away from open windows, doors and air conditioning intake points.

### COVID-19 and smoking

The World Health Organization (WHO) has advised that any kind of tobacco smoking is harmful to the bodily systems, including the cardiovascular and respiratory systems, and puts smokers at greater risk in the context of COVID-19. Information from China, where COVID-19 originated, showed that people with cardiovascular and respiratory conditions, including those caused by smoking, were at higher risk of developing severe COVID-19 symptoms and death.

The Victorian Chief Health Officer has recommended that quitting smoking reduces the health risks associated with COVID-19.

### Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable smoke. This includes mental health facilities, prisons and, if people are unable to leave, hospitals. In these circumstances, individuals are supported to manage cravings using pharmacotherapies such as nicotine replacement therapies.

### Victoria's Charter of Human Rights and Responsibilities

Removing the ability to smoke would be compatible with the *Charter of Human Rights and Responsibilities Act 2006 (the Charter)*, as it would be for the purposes of protecting the right to life. Section 9 of the Charter states that

“Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life.”

### Options

#### *Option 1: Provide support for smokers to quit or manage cravings (Recommended)*

The preferred option, for both the benefit of the individual and broader community would be to support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

This could be easily managed through the provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. Quit Victoria has recommended a box of patches and an intermittent form of NRT such as a spray. These items are available for purchase without a prescription from a range of retailers including pharmacies and some big supermarkets.

Other pharmacotherapies, like zyban or champix, would require a prescription from a GP and are designed to help people completely quit as opposed to a short-term measure for people who are forced to stop smoking abruptly. These medications can take a while to take effect and, with champix, the advice is to continue smoking until it starts to impact on your cravings which means that it would not be an appropriate option for the circumstances.

Addiction to cigarettes includes both nicotine dependence and a behavioural and emotional dependence, which is why counselling plus pharmacotherapy is required. Someone who is heavily addicted will crave a cigarette every 45-60 minutes.

Telephone counselling is available via the Quitline - 13 78 48

Even if someone doesn't want to quit, Quitline can help them reduce the number of cigarettes they smoke.

People can also contact their regular general practitioner via telehealth.

#### *Option 2: Relax no smoking restrictions for the hotel rooms*

While it would be legally possible to enable people in quarantine to smoke in their rooms, this option is not recommended. This would have an adverse impact on hotels and their staff and goodwill in the circumstances. It would also increase the health risks of individuals potentially already at risk of COVID-19. When sharing a room with children, smoking should not be allowed.

#### *Option 3: Accompany individuals to leave the room to smoke*

While it would be possible to create a smoking area for people wishing to smoke, such as in an outdoor drinking area attached to a bar or restaurant facility, this option is not recommended. Allowing people to leave their hotel rooms to smoke undermines the quarantine restrictions being put in place. The individuals would need to be accompanied by security guards and might need to travel floors via lifts to access an outdoor area or leave the building.

Even if we assume, that the hotel is not currently operating for other customers, movement in the hotel creates an increased risk for staff and a need for greater vigilance in cleaning and maintaining distance.

### Current policy for smokers in mandatory quarantine

The following actions should occur –

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;
- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;

- They return immediately to their hotel room.

### Other health and wellbeing issues

- All residents should be given the contact information for support services such as Lifeline at the beginning of their quarantine period (the information sheet they are provided with at the airport should also have these contact numbers).
- Residents should have access to fresh bedlinen and towels as required.
- Care packages may be permitted for delivery to residents under certain circumstances and subject to checks by AOs.
- Residents can be provided with up to three standard drinks per day if there is a risk of alcohol withdrawal (this is in preference to prescribing benzodiazepines for withdrawal).
- Other residents can also request alcoholic drinks as part of their food and drink provisions.
- Smoking breaks or NRT should be offered to all smokers if feasible.

### Actions to detect and test for COVID-19 amongst people in mandatory detention

The following are the actions to enact this:

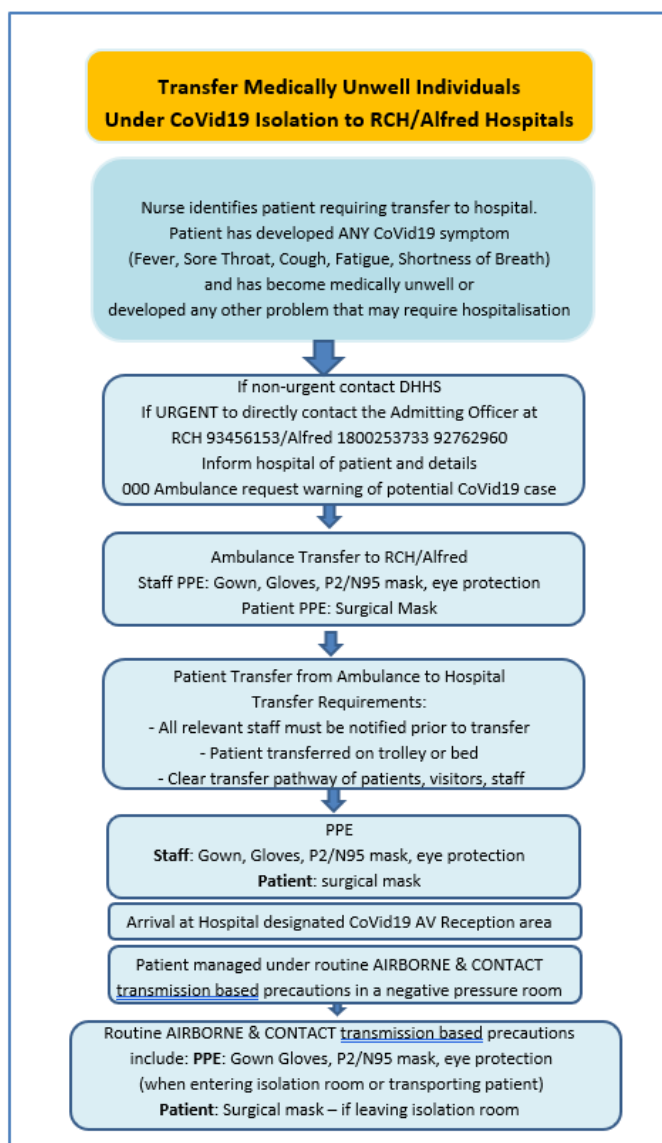
- Detainees will be asked daily (via phone or text) if they have symptoms consistent with COVID-19. These include but are not limited to fever, cough, shortness of breath and fatigue.
- The nurse onsite will be notified. The nurse will call the detainee (patient) and assess them over the phone. If face to face assessment is required, the nurse will assess them in the room with appropriate PPE.
- Security staff in PPE (masks and gloves) will accompany all nurses visiting hotel rooms. They will wait outside unless requested to enter by the nurses (full PPE is required to enter rooms).
- The nurse will assess the patient for symptoms of coronavirus. If deemed necessary, they will take swabs to test for COVID-19.
- If the patient is well enough, they can remain in quarantine at the hotel to await the test results. If they are sharing a room with another resident, they should be moved to a separate room if feasible and according to availability of rooms. If separation is not possible, they should practise physical distancing as far as is possible.
- If the test is positive and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required, depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

### Hospital transfer plan

- A preliminary assessment for emergency assessment can be issued by the AO on site. Passengers requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**). **Is this and the steps below consistent with the PMO metro performance AV discussions.**
- Patient is transferred to the appropriate hospital; information will be provided about requirements while in hospital)
- Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge (receiving hospital ED)
- Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different locations. Hospitals will need to contact the AO at hotels (a mobile will need to be sourced that satys at each hotel across shifts) then the AO Team lead will advise Lead Exec Compliance to obtain any necessary approvals)
- To support Ambulance Victoria and the accepting ED and final destination hospital an formal notice that sets out the terms of the permission from detention, which will be provide to AV, this will set explain the detention and

hospital requirements regarding their quarantine i.e single room, no visitors, whether they require security (Appendix XX Permission to temporarily leave from detention). Clarify if this applies in this case

- There is also a one pager to explain to AO how to grant permission at Appendix XX Permission to temporarily leave Guidance for AO and a table to help AO register when they grant permission at Appendix XX Example register for permission granted.
- If the hospital transfer is non-urgent, contact DHHS.
- If the hospital transfer is urgent, contact the Admitting Officer at RCH/RMH/the Alfred.
- Inform the hospital of patient and details.
- Call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer.
- AO must view appropriate authorisation.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.



Note P2 respirators are not required, but appear in this chart as an indicative mask, pending modification of this chart to reflect recommendation that a single use facemask is required.

### **Actions for confirmed cases of COVID-19 in people in mandatory detention**

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers.

### **Personal protective equipment (PPE)**

Staff who engage with monitoring or assisting persons in mandatory detention in person:

- Apply standard infection prevention and control precautions at all times:
  - maintain 1.5 metre distance
  - wash your hands or use anti-bacterial agents frequently
  - avoid touching your face.
- Every situation requires a risk assessment that considers the context and client and actions required.

3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
  - a. fluid-resistant surgical mask (replace when moist or wet)
  - b. eye protection
  - c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

### **Cleaning of rooms**

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room.

### **Reporting and evaluation on mandatory quarantine**

A report will be prepared to summarise the activity of the program, and provided to the Deputy Chief Health Officer on a regular basis in confidence.

Appendices to be added

DRAFT

## FW: FACT SHEET - Medical treatment permissioning for Health Services

**From:** "Anthony J Kolmus" [REDACTED]  
**To:** "Gary Smith" [REDACTED]  
**Cc:** [REDACTED]; "Noel Cleaves" [REDACTED]  
**Date:** Sun, 07 Jun 2020 22:46:11 +1000  
**Attachments:** FACT SHEET - Medical treatment permissioning for Health Services - FINAL 070620.docx (59.89 kB)

Hi [REDACTED]

This has just come through from Meena.

Can you please take the lead on developing an Operational Instruction to accompany this information sheet. May want to canvass the TIs in terms of the range of circumstances we need to allow for.

Thanks  
AK

**Anthony Kolmus**  
 Human Services Regulator  
 Currently significantly redployed to COVID-19 response

Health and Human Services Regulation and Reform  
 Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services

[REDACTED]



Health  
and Human  
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

**From:** Meena Naidu [REDACTED]  
**Sent:** Sunday, 7 June 2020 10:28 PM  
**To:** Anthony J Kolmus [REDACTED]  
**Cc:** Steve Ballard [REDACTED]; Murray Smith [REDACTED]  
**Subject:** FACT SHEET - Medical treatment permissioning for Health Services

Hi Anthony

Please find attached an information sheet to go with detainees for the hospital when hospital treatment is required.

We may need to put an operating instruction around this. Although the fact sheet is referenced in the protocols, it was too cumbersome to include the Deputy command details, so I've left it with AO details. So we just need to give clear instruction for the AOs regarding the different circumstances that could occur.

Given what happened over the weekend, would be good to get this out in the next day or two.

Kind regards  
Meena



# INFORMATION FOR MEDICAL FACILITIES

Permission for temporary leave from quarantine for medical care at a medical facility

## Detainee Details

Name: .....

Hotel and contact details: .....

Leave date:.....

The person named above and on the attached temporary leave notice has been granted leave from mandatory quarantine to receive medical care at your facility.

## Hotel Contact details

DHHS Team leader name and contact details.....

Authorised Officers name and contact details.....

## Overview

To reduce the impact of COVID-19, individuals arriving in Victoria from overseas are issued with a direction and detention notice, under the *Public Health and Wellbeing Act 2008* requiring them to undertake a 14-day quarantine period at a designated hotel.

This information sheet describes responsibilities of medical facilities managing care of an individual who presents for medical treatment while legally detained for mandatory quarantine under the *Public Health and Wellbeing Act 2008* but granted permission to receive medical care.

## Prior to arrival at the medical facility

A Department of Health and Human Services (the department) Airport or Hotel Team Leader will contact the medical facility via phone or email to advise that an individual in quarantine requires medical care. They will advise:

- the name of the individual and the hotel at which quarantine is occurring (or will occur)
- the estimated arrival time (for an appointment or emergency medical care)
- medical symptoms (if apparent).

The department will arrange transport. This will be via NEPT given the individual is considered a high risk for COVID-19 as a returning traveller.

The individual (noted above) will be issued with a 'permission for temporary leave notice', which allows travel to the medical facility, obtaining necessary care, and returning to the designated hotel at which quarantine is occurring (or will occur). This is a legal document that allows the detainee to get medical treatment. Breach of the permission conditions by a detainee can result in them receiving a penalty of approximately \$20,000.

## Infection control

To ensure that appropriate infection control precautions are in place to protect others by we request your facility ensure the detainee wears appropriate PPE and is separated from other people within your facility. Physical distancing must be maintained and is a condition of the permission.

## Return to hotel to complete quarantine.

**The individual subject to quarantine cannot leave the medical facility until released or discharged by the treating practitioner.**

If they do they are considered an infection risk and may be in breach of the permission conditions. Once their medical care is complete, a detainee must return to the hotel that they have been assigned to via transport arranged by the department to complete their quarantine.

Contact the department **Team Leader** (listed above) to arrange transport back to the hotel.

**A person subject to a detention notice cannot make their own way back to the designated hotel. They must return using transport arranged by the department to ensure appropriate choice of transport and cleaning protocols are adhered to.**

## Concerns relating to a detainee's treatment

- If a stay longer than 24 hours is required; or
- If a transfer to another facility is required; or
- You believe the hotel environment is not able to meet the specific care or treatment of the detainee; or
- You have any questions or concerns:

**please contact the Authorised Officer (details above) to discuss concerns so that the department can identify an alternative arrangement for detention or facilitate the specific treatment required.**

## If a detainee leaves or absconds

If a detainee leaves or absconds from your facility, immediately contact the police and inform the department's Authorised Officer.

To receive this publication in an accessible format phone 1800 675 380, using the National Relay Service 13 36 77 if required, or email [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au)

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# PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

## Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### 1 Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### 2 Reason/s for, and terms of, permission granting temporary leave

- (1) Permission for temporary leave has been granted to: \_\_\_\_\_  
\_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

(a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

(b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

(c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (2) The temporary leave starts on \_\_\_\_\_  
and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

### 3 Conditions

- (1) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (2) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (3) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (4) When you are outside your room you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (5) When you are outside your room you must, **at all times**, comply with any direction given to you by the Authorised Officer escorting you.
- (6) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (7) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.
- (8) You must comply with any other conditions or directions the Authorised Officer considers appropriate.  
*(Insert additional conditions, if any, at Annexure 1)*

### 4 Specific Details

- (1) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions **at all times** while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).
- (2) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the **period of time** noted at paragraph 2 of this Permission.
- (3) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

**5 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

**Annexure 1: Additional conditions *[if applicable]***

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## Guidance Note

### How to issue a Permission for Temporary Leave from Detention

#### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### 1. Before you provide the Permission for Temporary Leave from Detention

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### 2. When you are provide the Permission for Temporary Leave from Detention

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

#### **What are the requirements when you are granting a permission to a person under the age of 18?**

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

#### **What other directions can you give?**

Section 200(1)(d) of the PHWBA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

#### **What are your obligations when you require compliance with a direction?**

Exercising this power imposes several obligations on DHHS authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.





## Operational Instruction re AO Team Leader accountabilities

From: "Anthony J Kolmus" REDACTED  
 To: REDACTED REDACTED  
 REDACTED  
 REDACTED  
 Cc: "Noel Cleaves" REDACTED  
 REDACTED  
 REDACTED  
 REDACTED "Murray Smith" REDACTED "Meena Naidu" REDACTED  
 Date: Sat, 23 May 2020 20:03:31 +1000

Anthony J Kolmus (DHHS) has shared a OneDrive for Business file with you. To view it, click the link below.

 [Operational Instruction 2-2020 AO Team Leaders accountabilities.pdf](#)

Hi All,

I am writing further to our meeting earlier in the week regarding the establishment of the AO Team Leader roles in the quarantine hotels.

As I explained, whilst I believe that establishing the role of Team Leader is critical to the ongoing sustainability of the quarantine compliance structure, the timing of establishing the role now has also been driven by the imminent reduction in the number of Senior AOs we have on roster. As such, and as explained, the roles will be implemented for an initial four week period during which time we will be reviewing the interim structure, finalising position descriptions, amending the Protocol to reflect the role of the AO Team Leaders and initiating an EOI process to appoint Team Leaders for a longer period of time.

In the meantime, I have attached for your information and guidance Operational Instruction 2/2020 AO Team Leader Accountabilities which outlines the expectations of AO Team Leaders during this interim four week period. Please read and familiarise yourself with the Instruction and contact one of the Senior AOs or myself if you have any questions. The Instruction should be read in conjunction with the AO Compliance Protocol (full name Detention, Authorisation, Enforcement and Compliance command V1).

We are in the process of arranging a meeting for later this week, and subsequent three weeks, at which we will be able to discuss this and other issues relevant to the role you're taking on as well as the broader quarantine compliance effort.

The Senior AOs and I are pleased to have you all on board as part of the leadership team and are confident you will make a significant contribution to how the compliance area of the COVID response operates.

Look forward to talking further.

Regards  
 Anthony

**Anthony Kolmus**  
**Human Services Regulator**  
**Currently significantly redployed to COVID-19 response**

Health and Human Services Regulation and Reform  
 Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services

REDACTED



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and Human  
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## Outdoor exercise

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From: "Noel Cleaves" [REDACTED]

To: [REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

"Anthony J Kolmus (DHHS)"

Date: Sat, 11 Apr 2020 12:36:41 +1000

---

Hi team,

Here's the detailed protocol. Call if you have any questions.

PS [REDACTED] is coming on deck today to help with issues and be a contact for AO's. [REDACTED] at the promenade at the moment but you may see [REDACTED] at you hotel.

### Noel Cleaves

Manager Environmental Health Regulation & Compliance | Environmental Health Regulation & Compliance Unit  
Health Protection Branch | Regulation, Health Protection & Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street, Melbourne 3000

[REDACTED]

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From: Noel Cleaves [REDACTED]

Sent: Saturday, 4 April 2020 6:48 PM

To: Merrin Bamert [REDACTED] [REDACTED] Michael Mefflin [REDACTED]  
[REDACTED]

Cc: Anna Peatt [REDACTED]

Subject: Outdoor exercise trial

### Here's our thoughts...

**Objective:** To design and implement a programme to allow ALL detainee's to leave their room for supervised outdoor recreation breaks (where required).

**Prerequisite:** The person concerned must generally be compliant with the detention requirements and must be asymptomatic before they can be allowed to have a supervised outdoor recreation break.

### The proposal for a trial:

The DHHS Authorised Officer after discussion with the on site nurses develops a priority list of those who ought to be given the opportunity as part of a controlled trial taking into account the following principles:

- \* Is the detainee generally compliant?
- \* Length of stay: i.e. the longer the stay, the higher the priority
- \* Current mental health state (as monitored by the nurses)
- \* Smoking status i.e. are they a heavy smoker who has not been able to stop smoking/use nicotine patches?
- \* Children should have an exercise opportunity.

It is proposed the first trial commence at the Crown Promenade given it was the first hotel to be occupied. The trial ought to involve at least 30 detainees or at least 10 rooms, whichever is the larger number of detainees.



A minimum of three security guards are required for the trial.

The designated exercise area will be the forecourt at the front of the foyer in front of the Crown Promenade. Detainees will be able to spend up to 15 minutes outside of the hotel. We estimate that the entire procedure once the guard knocks on the door of the detainee's room to bringing them back to the room will take in the order of 25 to 30 minutes.

One guard should be stationed in the forecourt whilst the other two guards are used to escort detainees.

The AO will ring the room to be offered the trial and offer up to two people in the room the chance to have an exercise break at a time to be escorted by one guard following the procedure described below. The AO will explain the rules (described below) and that any non-compliance will likely end the trial or their opportunity for further excursions.

If two guards are available then one should operate on a different floor to the other and use a different elevator.

The trial should take place between 0900 and 1630.

The steps that must be taken by the detainee are:

- \* Confirm to the person who will escort them that they are well
- \* Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room
- \* Don a single-use facemask (surgical mask) [Normally will be supplied by the security guard prior to the person leaving their room].
- \* Perform hand hygiene with alcohol-based handrub as they leave their room [This will require the hand rub to be in the corridor in multiple locations]
- \* Be reminded to not touch surfaces or people within the hotel on their way out (and then to not actually touch surfaces)

The steps that must be taken by the person escorting the detainee are:

- \* Don a single-use facemask (surgical mask)
- \* Perform hand hygiene with alcohol-based handrub.
- \* Be reminded to not touch surfaces or people within the hotel on their way out (and then to not actually touch surfaces)
- \* Be the person who touches all surfaces if required such as the lift button or door handles.
- \* Maintain a distance of 1.5 metres from the person

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate other surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands before starting on the next escort.

#### **Trial evaluation:**

All staff involved will be asked to comment on the trial.

All detainees will be rung to ask how they felt about the process(?)

Confirmation of how long each excursion takes.

Calculation of how many guards are needed to offer a daily break to all detainees.

#### **Noel Cleaves**

Manager Environmental Health Regulation & Compliance | Environmental Health Regulation & Compliance Unit  
Health Protection Branch | Regulation, Health Protection & Emergency Management Division  
Department of Health and Human Services | 50 Lonsdale Street, Melbourne 3000

REDACTED

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## RE: Advice on searching parcels delivered to detainees

From: "Meena Naidu" [REDACTED]  
 To: [REDACTED], "Ed Byrden" [REDACTED],  
 [REDACTED], "Anthony J Kolmus" [REDACTED]  
 [REDACTED]  
 Cc: [REDACTED]

Date: Tue, 12 May 2020 09:24:33 +1000

Hi [REDACTED]

The AOs have no role to play in this. It is not a requirement of detention and therefore there is no basis for AOs to provide any advice. This is a policy preference of DJPR and therefore if there are any issues, security should be discussing with DJPR Concierge.

This is consistent with the advice in the AO Protocols which clearly say that inspecting care packs is outside the role of the AOs (section 5.6)

Kind regards  
 Meena

**I am current redeployed to support the COVID-19 response**

**Meena Naidu**  
**Enforcement and Compliance Commander**  
**COVID-19 Enforcement and Compliance Command**

Regulation, Health Protection and Emergency Management Division  
 Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

[REDACTED]

[w. www.health.vic.gov.au](http://www.health.vic.gov.au)

[REDACTED]



From: [REDACTED]  
 Sent: Monday, 11 May 2020 10:34 PM  
 To: Ed Byrden [REDACTED], Meena Naidu [REDACTED],  
 [REDACTED], Anthony J Kolmus [REDACTED]  
 Cc: [REDACTED],  
 [REDACTED], Noel Cleaves [REDACTED]  
 [REDACTED]  
 Subject: RE: Advice on searching parcels delivered to detainees

Hello Meena

The 'covention' has been Security search all packages (whether post, from supermarkets or care packages) delivered to the hotels for detainees and consult with AO's if they have any queries – should we be telling AO's that Security should consult with the TL or DPJR representative (if one is present) instead if they have a question about an item in a package?



Regards

REDACTED  
Manager Food Safety Reform & Digital Systems  
Food Safety Unit  
Health Protection Branch | Department of Health and Human Services  
50 Lonsdale Street, Melbourne, Victoria, 3000

REDACTED  
<https://www2.health.vic.gov.au/public-health/food-safety>

REDACTED



Please consider the environment before printing this document.



I acknowledge the traditional Aboriginal owners of country throughout Victoria and pay my respect to them, their culture and their Elders past, present and future.

---

**From:** Ed Byrden REDACTED  
**Sent:** Monday, 11 May 2020 10:28 PM  
**To:** Meena Naidu REDACTED Anthony J Kolmus REDAC  
REDACTED  
**Cc:** REDACTED  
REDACTED Noel Cleaves REDACTED  
REDACTED

**Subject:** RE: Advice on searching parcels delivered to detainees

Sounds sensible to me Meena. Agreed.

**Ed Byrden**  
Assistant Director, Legal Services  
[Legal Services Branch | Legal and Executive Services](#)  
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000  
REDACTED  
w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) | Intranet page: [How to engage Legal Services](#) [Privacy Portal](#)

REDACTED

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---

**From:** Meena Naidu REDACTED  
**Sent:** Monday, 11 May 2020 10:27 PM  
**To:** Ed Byrden REDACTED Anthony J Kolmus REDAC  
REDACTED  
**Cc:** REDACTED  
REDACTED Noel Cleaves REDACTED  
REDACTED

REDACTED

**Subject:** Re: Advice on searching parcels delivered to detainees

Hi team

I'm not sure this is our issue to resolve so let's please discuss before progressing any further legal work.

The AOs are not to search anything and therefore this is a DJPR issue. It is not for us to provide another department legal advice.

We have already flagged our concerns to DJPR.

Kind regards  
Meena

Get [Outlook for iOS](#)

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**From:** Ed Byrden [REDACTED]  
**Sent:** Monday, May 11, 2020 10:14:54 PM  
**To:** Anthony J Kolmus [REDACTED]  
**Cc:** [REDACTED] Meena Naidu [REDACTED] Noel  
 [REDACTED] [REDACTED] TFD  
 Cleaves [REDACTED] [REDACTED]  
 [REDACTED]

**Subject:** FW: Advice on searching parcels delivered to detainees

Hi Anthony,

The directions and powers under the *Public Health and Wellbeing Act* do not give the hotel staff the power to search parcels or mail received through Australia Post to search for illicit drugs.

The fact sheet provided regarding compulsory quarantine includes a system for receiving packages.

Do you have any information regarding why this system was put in place and the policy rationale for the desire to check Australia post parcels before they are provided to persons who are quarantined?

In terms of the proposed consent model whereby persons detained are requested to consent to packages received via Australia Post being searched, there are difficulties with this approach as these persons are in detention and it could be argued that due to this, consent is not provided freely. An alternative model would be to advise all persons of the method to receive packages and the reasons for this, and that if packages are received via Australia post, persons may either open them in front of staff members to ensure there are no illicit substances, or they will be held and provided to the person at the end of their quarantine period.

In the absence of any additional information regarding why this system is in place or the need for checking Australia post packages, we suggest that:

- the hotel speak to the individual staff member concerned and generally to the staff members regarding what to do if a parcel or mail is received that does not conform with the system put in place.
- unless the hotel is able to identify another basis outside of the *Public Health and Wellbeing Act* which allows packages or mail to be checked upon receipt, an apology is extended to the complainant and an explanation as to why the system is put in place regarding receipt of packages (presumably this was to enable packages to be sanitised before receipt and to ensure OHS obligations are met whilst persons are using that system), that the issue has or will be discussed with staff members and what will happen in the future if a package is received via Australia Post.

I did speak with DJPR about searches generally a few weeks ago and they indicated that they'd



received advice on bag from Vic Pol in line with the search protocol suggested above (ie ask the person to open their bag and security could look inside without touching the contents).

I hope the above helps.

Regards

**Ed Byrden**

Assistant Director, Legal Services

[Legal Services Branch](#) | [Legal and Executive Services](#)

Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) | Intranet page: [How to engage Legal Services](#) [Privacy Portal](#)

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**From:** Anthony J Kolmus REDACTED

**Sent:** Monday, May 11, 2020 10:06:53 PM

**To:** REDACTED

**Cc:** Meena Naidu REDACTED

REDACTED

Noel Cleaves REDAC REDACTED

REDACTED

**Subject:** Advice on searching parcels delivered to detainees

Hi REDA

Further to our correspondence last Friday, am wondering if any progress has been made on landing advice on the issue of who, if anyone, has legislative authority to search and/or remove items from parcels delivered to detainees in the quarantine hotels. And, if anyone does have this authority, the legislative basis for the authority.

I'm on days off until Thursday so if you do respond please include the people cc'd into this email.

Regards

Anthony

**Anthony Kolmus**

**Human Services Regulator**

**Currently significantly redeployed to COVID-19 response**

Health and Human Services Regulation and Reform  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services

REDACTED



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## RE: AOs doing exemptions for transits

**From:** "Anthony J Kolmus" [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]; "Noel Cleaves" [REDACTED]  
**Date:** Fri, 29 May 2020 09:39:21 +1000  
**Attachments:** COVID COMPLIANCE APP.docx (12.75 kB); template operational instruction.doc (43.01 kB)

Hi [REDACTED]

I think it's a good idea to spell it out a bit more if it helps ensure that AOs are able to process transit exemptions as required.

Can I get one of you to take the lead on adding in any steps that you think will assist in this. [REDACTED] is it through Admissions or Detainee Management that they access the Exemption tab? I can see it in Detainee Management though it's greyed out and I'm not clear on how it is accessed from there – yes, this is my bid to be the test 'dummy'!

Once we've landed it, it would also be good to transfer it into an Operational Instruction (see template) pending the next revision of the AO Protocol.

Happy to chat.

Regards  
 Anthony

**Anthony Kolmus**  
 Human Services Regulator  
 Currently significantly redeployed to COVID-19 response

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 Regulation, Health Protection and Emergency Management  
 Department of Health and Human Services

[REDACTED]



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**From:** [REDACTED]  
**Sent:** Friday, 29 May 2020 7:19 AM  
**To:** Anthony J Kolmus [REDACTED]  
**Subject:** Re: AOs doing exemptions for transits

Hey Anthony,

I think it looks good. Given I've had the past two days off I just checked in the app under the Admissions area, which now has the 'transit' button added. Should we just spell this out a bit more for the AOs? I.e.: "...select 'admissions' tab, then select relevant flight number. Then, find the individual traveller's name and select 'transit' option. Etc etc."

I don't want to confuse the process, but just a thought?

[REDACTED] be keen for your thoughts :)

Cheers

REDACTED

Senior Authorised Officer/Compliance Manager  
Currently deployed to Quarantine Compliance COVID-19

State-wide Manager - Regulatory Compliance & Enforcement  
Human Services Regulator | Health & Human Services Regulation & Reform Branch  
Regulation, Health Protection & Emergency Management Division  
Department of Health & Human Services | 50 Lonsdale Street, Melbourne, VIC 3000  
REDACTED

**From:** Anthony J Kolmus REDACTED  
**Sent:** Thursday, May 28, 2020 11:33:54 PM  
**To:** REDACTED  
REDACTED  
**Subject:** AOs doing exemptions for transits

Hi REDACTED

Anything else you can think of that should be included in the attached before I get back to the COVID QUARANTINE team? Hopefully get this started over the weekend.  
Red content are my additions / amendments.

Regards

AK

**Anthony Kolmus**  
**Human Services Regulator**  
**Currently significantly redployed to COVID-19 response**

Health and Human Services Regulation and Reform  
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Department of Health and Human Services  
REDACTED



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LINK TO COVID COMPLIANCE APP

[https://apps.powerapps.com/play/a18f9213-1ef0-4761-931e-f2c9c12d544d?tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28&source=portal&screenColor=rgba\(253%2C%20193%2C%202%2C%201\)](https://apps.powerapps.com/play/a18f9213-1ef0-4761-931e-f2c9c12d544d?tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28&source=portal&screenColor=rgba(253%2C%20193%2C%202%2C%201))

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION insert number here (check register for next #)/ 2020

**EFFECTIVE DATE:**

**SUBJECT:**

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### **PURPOSE**

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to insert high level description here.....

### **APPLICATION**

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### **BACKGROUND**

Insert reason instruction needed here

### **INSTRUCTION**

Insert instruction here, i.e., what are the AOs required to do

.....

**XXXXXX, Commander COVID-19 Enforcement and Compliance**

# RE: Debriefing and other issues

---

**From:** "Anthony J Kolmus" [REDACTED]  
**To:** COVID-19 Authorised Officers <[REDACTED]>, [REDACTED]

**Cc:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Date:** Thu, 07 May 2020 12:05:49 +1000

---

Oops! Lent on the wrong button! See below for the completed email!  
AK

**Anthony Kolmus**  
Human Services Regulator  
Currently significantly redployed to COVID-19 response

Health and Human Services Regulation and Reform  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services

[REDACTED]



Health and Human Services



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---

**From:** Anthony J Kolmus (DHHS)  
**Sent:** Thursday, 7 May 2020 11:49 AM  
**To:** COVID-19 Authorised Officers <[REDACTED]>; [REDACTED]  
**Cc:** [REDACTED]



REDACTED

REDACTED

REDACTED

**Subject:** Debriefing and other issues

Hi All,

A few things to bring to your attention.

1. 1. Debriefing for AOs

We're conscious that the hotel quarantine environment AOs are working in can be quite intense both in terms of people's reactions to being placed in quarantine and, in particular, the broad range of often very compelling reasons why they might ask to be exempted from quarantine, some of which we've been able to approve, many of which we haven't.

Whether you're someone used to dealing with these types of issues or not, they can sometimes have a cumulative emotional impact on staff working in these situations and it can be important to have an opportunity to talk through how you're coping with this.

To this end, we've organised an initial two debriefing sessions that will be facilitated by staff from Converge International, the provider of the DHHS Employee Wellbeing and Support program. Due to the nature of sessions, which will be conducted remotely, places in each session will be limited to 10 people. If the level of interest from AOs exceeds the number of places we will organise further sessions. **The first two sessions are scheduled for:**

**Tuesday 12 May 3.30pm – 4.30pm**

**Friday 15 May 11am – 12pm**

**If you would like to attend one of these sessions please email REDACTED at**

**REDACTED and RE will either send you an invite or, if all places in these first two sessions have been booked, place you on a list for future sessions and get in touch accordingly.**

Having personally used debriefing in the past and also seen the benefits for staff I've managed, I encourage any of you that are in any way struggling with some of the more emotional elements of the work you're doing to take advantage of this resource.

Alternatively to the above, you are all also eligible by virtue of your current employment with DHHS, to access the Employee Wellbeing and Support program for a range of individual supports and can do so by phoning 1300 687 327.

2. 2. PUBLIC COVID-19 TESTING

I'm sure that all of you are aware of the currently blitz underway by the Victorian

Government to provide and undertake COVID-19 testing for the general public. Just want to give you a heads up that we're aware of a couple of people who have done this, one being an AO, who on having their swab taken we're provided with an information sheet that indicated they needed to self-isolate until their test results were confirmed (which has now taken several days).

Whilst it is a general information sheet, and you may not have any symptoms of COVID-19, receiving such advice means that we have no choice but to take people off the roster until they get their test results.

The other alternative, if you wish to have a test, is to indicate that you're an essential worker (show them your AO card if necessary) and ask that the test be processed urgently. Apparently this may help in reducing the wait time down to 1-2 days.

### 3. 3. WORKING WITH OTHER AREAS OF THE COVID RESPONSE EFFORT

We have a meeting tomorrow with **REDACTED** **REDACTED** to discuss what's working well and not so well in the overall COVID-19 response.

If have any feedback, positive or negative, about how the interface between AOs and Team Leaders / nurses / security guards is working please email **REDACTED** (as per the above) so that **RE** can collate the information and forward it on to me ahead of the meeting.

### 4. 4. CITY OF MELBOURNE PARKING

Heads up / reminder that the City of Melbourne have flagged that they are likely to return to normal parking restrictions as of the 11 May. We are trying to arrange for all AOs to have access to a parking pass that would exempt you from the normal restrictions and would, presumably, mean you can park as you have been able to for the past few weeks. No answer on this yet so in the meantime be careful where you park.

### 5. 5. RYDGES HOTEL – PEOPLE IN SELF-ISOLATION

As some of you will already be aware, some of **REDACTED** **REDACTED** are now self-isolating in the Rydges Hotel. It's important to note that they are not in quarantine and so are able to move about a little more freely than people who are actually in quarantine. My understanding is that they are **REDACTED**. AOs shouldn't need to have anything to do with them and they should not be entered into the App.

### 6. 6. AO WEEKLY BRIEFINGS

We had a good turnout of 28 people to the AO weekly briefing this week. They're held (remotely on Skype) from 11am – 12pm each Tuesday and provide an opportunity for us to pass on information, take questions and generally canvass any issues arising from the hotels so that we can pursue them accordingly. As of this week, we also now have a regular spot for a couple of people responsible for the ongoing development of the Compliance App to take questions and feedback from AOs about the App. I encourage you to join in if you're available.

### 7. 7. AO ROSTERS

The rostering team, including **REDACTED** are working on a new structure to the actual format of the roster that will make it much easier for each of you to find your rostered shifts as well as for others requiring information from the rosters to find what they need. (Note, this is not a change to shift times or to how AOs are assigned to hotels etc. It purely relates to the layout of the actual roster.) Will let you know when it's ready to roll out.

### 8. 8. EXEMPTIONS FOR PEOPLE TRANSITING TO OTHER COUNTRIES AND DIPLOMATS

Heads up for those of you unable to attend this weeks AO briefing, that there is work being done on creating a more streamlined process for exemptions for both people transiting through Melbourne to other countries and for diplomats.

Re people transiting, the recommendation, which we hope to have finalised by next week, is that these won't need to go through COVID Quarantine anymore and AOs will be authorised, after following specific steps, to sign off on these exemptions.

Re diplomats, again, we're looking at a simpler process for these requests and hope to have this in place in the near future.



One further piece of information on diplomats, which has come up twice now and we've asked to be included in the revised version of the AO Protocol, is that Australian citizens who have a Diplomatic Passport, are still subject to the quarantine direction. Effectively, their diplomatic status only applies when stationed overseas, not here in Australia.

That's it for now. As always, thanks for your continued commitment to protecting the safety and wellbeing of Victorians through the work you're doing. Both important and much appreciated.

Regards  
Anthony

**Anthony Kolmus**  
**Human Services Regulator**  
**Currently significantly redeployed to COVID-19 response**

Health and Human Services Regulation and Reform  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services

REDACTED



Health  
and Human  
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.



## Release process

---

From: "Meena Naidu [REDACTED]"  
 To: "Anthony J Kolmus [REDACTED]"  
 Cc: "Noel Cleaves [REDACTED]"  
 Date: Sun, 19 Apr 2020 19:05:03 +1000

---

Hi Anthony

As requested, this is the release process. A more complete version will be included in the protocols

### *Evening prior to release*

-

- Exit Notices and associated materials prepared at 50 Lonsdale and dropped to hotel [Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist. Release time must be for the next day at the scheduled time and detainee advised that they cannot leave until the stated release time.  
If issues or lack of exit time, contact: \_\_\_\_\_
- Notices for all other exiting detainees placed under doors (by Security)

### *Day of release*

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

### *Release process*

- AO to sight photo ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet. Time of release must be checked to reflect the time they actually leave. If there is a change, AO should change time on release and sign.
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- Detainee MUST keep release form
- AO to inform detainee of release (highlight conditions etc). Advises the exit sheet confirms they

have received the notice and have left.

- Detainee signs exit sheet. If detainee is a minor, guardian signs exit sheet.
- Welfare staff provide facilitate transport and any other need

Kind regards  
Meena

**Meena Naidu**

**Lead Executive – COVID-19 Compliance**

**Director, Health and Human Services Regulation and Reform**

Regulation, Health Protection and Emergency Management Division

Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

w. [www.health.vic.gov.au](http://www.health.vic.gov.au)

REDACTED



## Draft night shift operational instruction

---

**From:** "Noel Cleaves" [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Date:** Tue, 30 Jun 2020 14:41:09 +1000  
**Attachments:** Operational Instruction X-2020 Night shift.docx (33 kB)

---

Hi to all,

If you get a chance can you please look over this draft to see if it captures the things that you'd like the night shift AO to focus on.

I haven't included the detail of things like recording walks as that will be covered in the exercise breaks Op Instruction.

Cheers,

Noel Cleaves  
Covid-19 Senior Authorised Officer

[REDACTED]

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X / 2020

**EFFECTIVE DATE:** TBC

**SUBJECT:** NIGHT SHIFT

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### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) who work overnight at the quarantine hotels between the hours of 2300 and 0700..

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers under the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

Authorised officers are deployed at the quarantine hotels on a 24/7 basis. The night shift provides opportunities to perform tasks that are often difficult to complete at other shifts.

This is the subject of this operational instruction.

### INSTRUCTION

#### **Procedure to be followed by authorised officers at hotels during the overnight shift.**

1. During handover clarify what work remains outstanding with priority given to any safety issues.
2. Check during handover whether there are any arrivals to occur during the shift. Complete any required tasks prior to and during the arrivals as per the authorised officer protocol.
3. Check during the handover whether there are any arrivals to occur the following morning and whether there are actions which must be completed prior to that time. Complete any required task as per the authorised officer protocol.
4. Check during handover if there are any tasks outstanding from any incoming passenger arrivals during the day. Complete any required tasks.
5. Check during handover whether there are any walks to be recorded in the app. Complete any outstanding data entry.

6. Each night before the handover, the afternoon/evening shift authorised officer should request that the hotel duty manager print off a register of all hotel guests.
7. Each night the night shift authorised officer should verify that the register aligns with the compliance app. In particular:
  - a. check that the app and the hotel register room numbers are identical. Where there are anomalies, check with the duty nurse to establish whether they can assist with a point of truth. Clearly document any anomalies in the handover notes for the morning shift to investigate by contacting rooms if needed.
  - b. verify the name, date of birth and passport number against the passport image for any detainees who enter detention during the day. Make changes as required to edit the records. Where changes are made add a contact log to describe the changes that have been made. Note that this task must be completed by the end of the 2<sup>nd</sup> day in detention.
8. If all other tasks have been completed, contact closest hotels and establish if there is any work that you can assist with.

#### **Airport hotels**

9. The priority for staff at the airport hotels over the night shift is the preparation of any transit letters that need to be prepared for the following morning. (See Operational Instruction – Transits > 8 hours). Once these have been prepared then the above process should be followed.

.....  
**XXXXXX, Commander COVID-19 Enforcement and Compliance**

## Draft Op Instruction - management of cases and close contacts

---

**From:** "Noel Cleaves" [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
[REDACTED] "Steve Ballard" [REDACTED]  
**Date:** Tue, 16 Jun 2020 17:47:27 +1000  
**Attachments:** Operational instruction - Management of cases and close contacts v3.docx (31.24 kB)

---

Hi to all,

Here's the draft op instruction to guide the process of moving cases and close contacts to the designated 'Covid positive' hotel.

As you probably know, the move of cases and contacts from the Novotel South Wharf to the new Brady Hotel in Little Latrobe Street will occur from about 0900 tomorrow.

Whilst we wait for the draft to be endorsed it can still be used as it represents the consensus position on how to do the move safely and well.

The relocation is expected to be a slow one tomorrow because of the traffic in the CBD, the small foyer and the small elevators at the Brady Hotel. We think the detainees will like the rooms though. For those working there you'll meet the nurses from Alfred Health rather than the agency nurses.

For those working at the Stamford Plaza, we've been advised that there are a number of detainees at the hotel who have been diagnosed during today. Whilst it isn't confirmed I would expect that those people may not be moved to the Brady Hotel until very late tomorrow but that may well change.

regards,

Noel Cleaves  
Covid-19 Senior Authorised Officer

[REDACTED]

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X/ 2020

**EFFECTIVE DATE:**

**SUBJECT: MANAGEMENT OF CASES AND CLOSE CONTACTS**

---

### **PURPOSE**

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the process to be followed for transferring a confirmed case(s) of COVID-19 (known simply as a 'case' or 'COVID positive') and their close contacts from one hotel to another hotel; and for exiting the case and close contacts from detention and closing the case in the Compliance App.

### **APPLICATION**

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers of *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### **BACKGROUND**

Current public health operational policy is to relocate any hotel quarantine detainee who is confirmed to be COVID positive to a designated 'COVID positive' hotel. Similarly, the close contacts of the COVID positive case(s) are also relocated to the designated hotel.

### **INSTRUCTION**

#### **At the hotel where the detainee was diagnosed**

1. Confirm that the DHHS Team Leader is aware of the confirmed diagnosis.
2. Await advice from DHHS Team Leader that the person(s) are to be relocated and when it is to occur. Note the DHHS Team Leader is to arrange transport and liaise with the DHS Team Leader at the designated hotel about the transfer including identifying how many rooms are required.
3. Once relocation has been confirmed, give a courtesy call to the authorised officer at the designated COVID positive hotel to advise of the impending relocation. Confirm the end of mandatory quarantine date for the person(s) concerned.
4. Prepare temporary release documentation for each person being relocated advising that they are being transported to another hotel.
5. Don face mask and gloves (or perform hand hygiene) before and after the interaction with the person.



6. When the transport is ready, contact the person(s) to be relocated and arrange for security to give the person(s) face masks and gloves and to escort them to the foyer.
7. Take images of the Temporary Release notice in the app as a record of the temporary release to move to the designated hotel.
8. Release the person(s) to the transport.
9. Contact the authorised officer at the designated hotel to notify that the person(s) is currently being transported to the hotel.

### **At the designated hotel**

#### **Arrival**

---

10. The DHHS Team Leader should confirm the room configuration requirements and have rooms chosen and ready prior to the case leaving the other hotel.
11. Note that if there are multiple persons in one family/party, confirm whether each close contact is going into a separate room. Those close contacts over 18 should be strongly encouraged to separate into different rooms that are not adjoining but, in some cases, this will not be their preference. Ensure that the close contacts understand that failing to separate at this stage this will significantly lengthen their stay in the hotel or in self-isolation at another location. This is due to the need for the case to be cleared by DHHS Public Health as no longer being infectious before any close contacts still sharing a room with the case can be regarded as commencing their mandatory 14-day isolation period.
12. Check that security team are aware of the impending arrival
13. The DHHS Team Leader should confirm the arrangements to be put in place to transport the person(s) to the room(s) to minimise the time spent outside their room. For example, a nurse wearing appropriate PPE to escort them from the transport straight to that pre-determined room.
14. Issue a new detention notice to each person with the same end of detention date as on their original notice.
15. Use the 'change place' feature in the App to change the hotel and room number making a note of the reason. Take an image of the new detention notice. At this stage check that the end of detention date in the app is correct. Note in the contact log whether the person is COVID positive or a close contact.
16. Deliver the detention notice(s) to the detainee(s) by placing it under the detainee's door.
17. Then immediately phone the detainee, confirm over the phone their receipt of that Direction and Detention Notice, remind of the conditions and confirm their understanding of conditions of detention.

#### **Prior to release from the designated hotel**

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18. COVID positive persons: If the person has been cleared by DHHS Public Health (as no longer being infectious) as demonstrated by the issue of a DHHS Clearance letter prior to the scheduled end of the 14-day quarantine period then the person can be released on the day that the advice is received. The person must then be issued with a '**Confirmed and Cleared case**' **End of Detention notice**. The person should be released at this point and the case closed on the Compliance App UNLESS the person requests to stay for compassionate reasons such as a partner or child still in isolation (Refer:



'Extension of stay at hotel by confirmed and cleared person' section of this document).

19. COVID positive persons: Where the person has not already been cleared by DHHS Public Health (as no longer being infectious) 48 hours prior to the person's 14-day quarantine period, the hotel authorised officer should confirm the residential address and post-quarantine expectations and plans of the person concerned. Once this has been completed, the hotel authorised officer is to seek the advice of Senior Authorised Officer as to the appropriate course of action for this person.

The Senior Authorised Officer will contact Public Health Operations and confirm whether the person has been cleared by DHHS Public Health (as no longer being infectious) and issued with a DHHS Clearance letter.

If not cleared prior to day 14, the Senior Authorised Officer will discuss with Public Health Operations as to whether the person can be released to self-isolate at home or needs to remain in the hotel. If the person needs to stay in the hotel then follow the procedure outlined in item 16. If the person can be released to an alternative location then use the confirmed and not cleared end of detention notice to record the alternative location. Record this in the app.

20. Close contacts: Any person identified as close contacts by Public health Operations is not to be released until authorised by a Senior Authorised Officer in consultation with Public health Operations.

#### **Extension of hotel stay by confirmed and cleared person**

---

21. If the person needs to stay on post-quarantine period for compassionate reasons and this additional stay has been approved by the DHHS Team Leader, the authorised officer is to complete the following process.
22. Make a note in the contact log; issue the '**End of detention – Confirmed and Cleared Case notice**', take an image of the notice using camera function in app **but do not use the release function in the app**. The app is our record of who is in the hotel.
23. At the conclusion of this additional period of hotel stay, and where authorised by the Senior Authorised Officer, make a note in the app using the contact log and release the person from the hotel using the App.

#### **Extension of hotel stay by confirmed COVID-19 case who has not yet been cleared**

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24. This scenario usually occurs because the person lives interstate or cannot isolate at their home in Victoria.
25. If the person needs to stay on post-quarantine period for these reasons and this additional stay has been approved by the DHHS Team Leader, the authorised officer is to complete the following process.
26. Make a note in the contact log; issue the '**End of detention – Confirmed and not cleared infection**' notice', take an image of the notice using camera function in app **but do not use the release function in the app**. The app is our record of who is in the hotel.
27. At the conclusion of this additional period of hotel stay, and where authorised by the Senior Authorised Officer based on the advice of Public Health Operations, make a note in the app using the contact log and release the person from the hotel using the App.

.....

**XXXXXX, Commander COVID-19 Enforcement and Compliance**



And yes, I'll add in a few options for the hard copy handling as you've suggested. Again, all of those options are OK but the best way may vary depending on the hotel environment.

I'll make those changes and push it up for endorsement.

Noel Cleaves  
Covid-19 Senior Authorised Officer

REDACTED

---

**From:** REDACTED (DHHS) REDACTED  
**Sent:** Saturday, 27 June 2020 3:04 AM  
**To:** REDACTED (DHHS) REDACTED Noel Cleaves (DHHS) REDACTED  
REDACTED REDACTED REDACTED  
REDACTED REDACTED REDACTED REDACTED (DHHS)  
REDACTED REDACTED REDACTED (DHHS) REDACTED REDACTED  
(DHHS) REDACTED REDACTED REDACTED (DHHS) REDACTED  
REDACTED (DHHS) REDACTED REDACTED  
**Cc:** REDACTED (DHHS) REDACTED REDACTED Stuart Bailey (DHHS)  
REDACTED Steve Ballard (DHHS) REDACTED  
**Subject:** Re: Draft Operational instruction - Hotel check in

Hi Noel.

Yes, I agree with REDACTED. But this can obviously be completed after the guests have gone to their rooms and doesn't need to be done on the spot.

Also a typo in Para 5 - 'basic data'.

Did you want both sides of the D&D notice photographed or just the front side?

Should we also mention the process of having the dirty documents in the worst case scenario? Wear PPE, give to hotel staff to copy, do we put them in plastic pockets and then return to guests? Who returns them and in what timeframe? Are they left for 3 days to be safe etc.

Might be worth considering...?

Kind regards,

REDACTED

Regulation, Health Protection & Emergency Management  
Department of Health and Human Services  
P: REDACTED E: REDACTED

---

**From:** REDACTED (DHHS) REDACTED  
**Sent:** Friday, June 26, 2020 12:55:03 PM  
**To:** Noel Cleaves (DHHS) REDACTED (DHHS)  
REDACTED (DHHS) REDACTED REDACTED REDACTED  
(DHHS) REDACTED (DHHS) REDACTED  
REDACTED (DHHS) REDACTED (DHHS)  
REDACTED (DHHS) REDACTED (DHHS) REDACTED  
REDACTED (DHHS) REDACTED (DHHS) REDACTED  
**Cc:** REDACTED (DHHS) REDACTED REDACTED Stuart Bailey (DHHS)  
REDACTED Steve Ballard (DHHS) REDACTED  
**Subject:** Re: Draft Operational instruction - Hotel check in



Looks good Noel

Also with check in to have reference of the addition check in process under detainee management to ensure that view/edit tab:  
Has returned from overseas  
Was this served in accordance with the law  
is ticked yes - it has been requested from the app team that this should be changed to automatically yes and only changed for voluntary and joining detainees but at this stage it has not changed

Just a typo in 15. the word his instead of this

Kind Regards

REDACTED

Department of Health and Human Services

Mobile: REDACTED | Email: REDACTED

---

**From:** Noel Cleaves (DHHS) REDACTED  
**Sent:** Friday, June 26, 2020 12:23 PM  
**To:** REDACTED (DHHS)  
REDACTED (DHHS) REDACTED (DHHS) REDACTED  
REDACTED (DHHS) REDACTED (DHHS) REDACTED  
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REDACTED (DHHS) REDACTED (DHHS)  
REDACTED (DHHS) REDACTED (DHHS)  
**Cc:** REDACTED Stuart Bailey (DHHS)  
REDACTED Steve Ballard (DHHS) REDACTED  
**Subject:** Draft Operational instruction - Hotel check in

Hi,

I've drafted the instruction for comment.

I've tried too cater for most of the things that go wrong and provided a couple of options - see what you think?

There will need to be an accompanying instruction for the night shift but this is a start.

Noel Cleaves  
Covid-19 Senior Authorised Officer

REDACTED

---

**From:** Steve Ballard (DHHS) REDACTED  
**Sent:** Thursday, 25 June 2020 6:06 PM  
**To:** Noel Cleaves (DHHS) REDACTED  
**Cc:** REDACTED (DHHS) Pam Williams (DHHS)  
REDACTED Stuart Bailey (DHHS) REDACTED  
REDACTED (DHHS) REDACTED (DHHS) REDACTED  
REDACTED (DHHS) REDACTED (DHHS)  
REDACTED Michael Mefflin (DHHS) REDACTED  
**Subject:** Photos of passports in compliance app

Hi Noel

As discussed at our senior management and team leaders meeting today, can you please prepare an operating instruction confirming:

Airport AOs to take a photo of new arrivals passports and include in the compliance app.

Where this cannot be undertaken, Hotel AOs to take photo of passport and include in app.

Hotel AOs to update guest details in app to ensure these align with passport details.

Nightshift AOs on nights one and 2 to cross check all data for new arrivals in app to ensure they align with details on photo of passport.

I will then sign off for distribution.

Thank you

Steve

Get [Outlook for iOS](#)

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION – #/ 2020

**EFFECTIVE DATE:**

**SUBJECT: HOTEL CHECK IN**

---

### **PURPOSE**

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the hotel check in process as it relates to compliance work.

### **APPLICATION**

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### **BACKGROUND**

The hotel check in phase is a critical point for the compliance work as it provides the opportunity to establish accurate base data in the Compliance App.

### **INSTRUCTION**

Before the passengers arrive at the hotel

1. Identify and make a note of the flight.
2. Using the Compliance App, select the 'Admissions (Port and Hotel)' option.
3. Search for the flight and date and check that there appears to be a similar number of records to the number of passengers expected to check in.
4. Check the images for a sample of the people and note whether there is a passport image. Note: that airport authorised officers are endeavouring to take passport images wherever practicable.
5. If the flight is not available at the time the passengers are processed at the airport then the airport staff may only be able to perform very basic data entry. In this scenario, additional data entry will be required at the hotel. Authorised officers will need to use judgement about the number of incoming passengers and staff availability to decide whether to perform the data entry during the check in or after it has been completed.
6. Liaise with the DHHS Team Leader and D'nata staff about the foyer set up to ensure there will be adequate distancing.

7. Note and follow the PPE instructions issued by the department. These are available at each hotel via the DHHS Team Leader.

In the hotel foyer when passengers arrive

8. Select the 'Admissions (Port and Hotel)' option in the App.
9. Select the flight.
10. Ensure person to be detained provides the Direction and Detention Notice to the D'nata staff who write the room number on the notice. Check the room number is legible.
11. Search for the person's surname in the Compliance App. *Hint: you may find it easier sometimes with common surnames to search for a more distinctive first or middle name.*
12. Once the person has been located, Select the 'Admissions' button.
13. Enter the Room number and take a photo of the detention notice (with the room number). *Note: an image of the front page is sufficient for our purposes but if time permits a second image of the back page can be taken. Save the record.*
14. If the passport images have not been already taken, use the camera option on the person's record and take an image of the photo and details page of the passport. Save the record. NOTE: This image allows us to perform data quality validation later.
15. *Note: There may be times when the app performance is slow or it is not practical to take the images of the detention notice or passports during the check in process. If that is the case then you may need to perform the admission process on the App later but to do this successfully you will need to:*
  - *Ensure the detention notices are retained for later imaging. There are several options for the next steps dependent on staff availability. For example, you can image the documents as described above as soon as the foyer has been cleared. Alternatively, once the foyer has been cleared you can photocopy the documents and place the originals into individual plastic pockets.*

*In either case, the notices must be given to the security team and dropped off to the correct rooms within 6 hours or as soon as possible. Hand hygiene must be followed regularly during this process.*

  - *Where the passport images have not been taken at the airport, either:*
    - (a) *if a photocopier is available, take a photocopy of the passport and write the room number on the paper copy;*
    - (b) *take images of the passports using your phone camera function*



*and add them to the app record once the guest check in process has finished. Delete the images from the phone's photo library after you have added them into the app.*

.....

**XXXXXX, Commander COVID-19 Enforcement and Compliance**

# Draft Operational instruction - Hotel check in

**From:** "Noel Cleaves (DHHS)" REDACTED  
**To:** REDACTED (DHHS)"  
 REDACTED (DHHS)"  
 REDACTED (DHHS)"  
 REDACTED (DHHS)"  
 REDACTED (DHHS)" REDACTED (DHHS)"  
 REDACTED (DHHS)" REDACTED (DHHS)"  
 REDACTED (DHHS)"  
 REDACTED (DHHS)"  
**Cc:** REDACTED (DHHS)" REDACTED (DHHS)" "Stuart Bailey (DHHS)"  
 REDACTED "Steve Ballard (DHHS)"  
 REDACTED  
**Date:** Fri, 26 Jun 2020 12:23:00 +1000  
**Attachments:** Draft operational instruction - Hotel check in.docx (24.04 kB)

Hi,

I've drafted the instruction for comment.

I've tried too cater for most of the things that go wrong and provided a couple of options - see what you think?

There will need to be an accompanying instruction for the night shift but this is a start.

Noel Cleaves  
 Covid-19 Senior Authorised Officer

REDACTED

**From:** Steve Ballard (DHHS) REDACTED  
**Sent:** Thursday, 25 June 2020 6:06 PM  
**To:** Noel Cleaves (DHHS) REDACTED  
**Cc:** REDACTED (DHHS) REDACTED Pam Williams (DHHS)  
 REDACTED Stuart Bailey (DHHS) REDACTED REDACTED  
 REDACTED (DHHS) REDACTED (DHHS) REDACTED  
 REDACTED (DHHS) REDACTED (DHHS)  
 REDACTED Michael Mefflin (DHHS) REDACTED  
**Subject:** Photos of passports in compliance app

Hi Noel

As discussed at our senior management and team leaders meeting today, can you please prepare an operating instruction confirming:

- Airport AOs to take a photo of new arrivals passports and include in the compliance app.
- Where this cannot be undertaken, Hotel AOs to take photo of passport and include in app.
- Hotel AOs to update guest details in app to ensure these align with passport details.
- Nightshift AOs on nights one and 2 to cross check all data for new arrivals in app to ensure they align with details on photo of passport.

I will then sign off for distribution.

Thank you

Steve

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# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION – #/ 2020

**EFFECTIVE DATE:**

**SUBJECT: HOTEL CHECK IN**

---

### **PURPOSE**

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) with respect to the hotel check in process as it relates to compliance work.

### **APPLICATION**

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### **BACKGROUND**

The hotel check in phase is a critical point for the compliance work as it provides the opportunity to establish accurate base data in the Compliance App.

### **INSTRUCTION**

Before the passengers arrive at the hotel

1. Identify and make a note of the flight.
2. Using the Compliance App, select the 'Admissions (Port and Hotel)' option.
3. Search for the flight and date and check that there appears to be a similar number of records to the number of passengers expected to check in.
4. Check the images for a sample of the people and note whether there is a passport image. Note: that airport authorised officers are endeavouring to take passport images wherever practicable.
5. If the flight is not available at the time the passengers are processed at the airport then the airport staff may only be able to perform very basic data entry. In this scenario, additional data entry will be required at the hotel. Authorised officers will need to use judgement about the number of incoming passengers and staff availability to decide whether to perform the data entry during the check in or after it has been completed.
6. Liaise with the DHHS Team Leader and D'nata staff about the foyer set up to ensure there will be adequate distancing.

7. Note and follow the PPE instructions issued by the department.

In the hotel foyer when passengers arrive

8. Select the 'Admissions (Port and Hotel) option in the App.
9. Select the flight.
10. Ensure person to be detained provides the Direction and Detention Notice to the D'nata staff who write the room number on the notice. Check the room number is legible.
11. Search for the person's surname in the Compliance App. *Hint: you may find it easier sometimes with common surnames to search for a more distinctive first or middle name.*
12. Once the person has been located, Select the 'Admissions' button.
13. Enter the Room number and take a photo of the detention notice (with the room number). Save the record.
14. If the passport images have not been already taken, use the camera option on the person's record and take an image of the photo and details page of the passport. Save the record. NOTE: This image allows us to perform data quality validation later.
15. *Note: There may be times when the app performance is slow or it is not practical to take the images of the detention notice or passports during the check in process. If that is the case then you may need to perform the admission process on the App later but to do his successfully you will need to:*
  - *Ensure the detention notices are retained for later imaging. Where this occurs, the notices must be given to the security team and dropped off to the correct rooms as soon as possible.*
  - *Where the passport images have not been taken at the airport, either:*
    - (a) if a photocopier is available, take a photocopy of the passport and write the room number on the paper copy;*
    - (b) take images of the passports using your phone camera function and add them to the app record once the guest check in process has finished. Delete the images from the phone's photo library after you have added them into the app.*

.....  
**XXXXXX, Commander COVID-19 Enforcement and Compliance**

## FW: Detention Notice Changes.

---

**From:** "Stuart Bailey (DHHS)" REDACTED

**To:** COVID-19 Authorised Officers REDACTED

**Cc:** REDACTED (DHHS)" REDACTED, REDACTED (DHHS)"  
 REDACTED, "Laura LoBianco-Smith (DHHS)" REDACTED  
 REDACTED, "Amanda Stevens (DHHS)"  
 REDACTED, "Michael Mefflin (DHHS)"  
 REDACTED, REDACTED (DHHS)"  
 REDACTED

**Date:** Sun, 28 Jun 2020 10:13:45 +1000

**Attachments:** Direction and Continuation of Detention Notice 27 June 2020 currently\_detained.docx (34.21 kB); Direction and Detention Notice (signed).pdf (157.6 kB)

---

Ladies and Gents,

Late last night a high level decision was made to ensure all people arriving internationally at our ports and subsequently being quarantined must undergo COVID19 testing on days 3 and 11, if they are to be released on day 14. If they do not undergo the COVID19 testing they will be required to stay a further 10 days in quarantine at our hotels; thus being quarantined for 24 days in total.

To ensure this process is adhered to the following notices have been updated to ensure compliance by those arriving internationally and those currently quarantining with us at our hotels.

The new Direction and Detention Notice will be issued at our ports as of today (attached).

The new Direction and Continuation of Detention Notice will be issued to those that have refused to undergo COVID19 testing (attached).

In the event that a person has recently undergone testing due to the new directions, they must be held in quarantine until the test results have been returned as negative.

In the event that a person undergoing testing is positive, the same protocols remain. They are offered time to stay in the hotel or can self-isolated at their home address / another appropriate address.

IMPORTANTLY, we do not need to get involved in the testing procedure. Welfare are making contact with those that have not been tested. It is envisaged that those that haven't been tested, when faced with a further 10 days detention, will adhere to the testing requirements.

We will gain a list from Welfare of those that haven't been tested and it will be the AO's requirement on day 14 to issue the new Direction and Continuation of Detention Notice.

The policy and protocols will be updated to reflect these changes in the near future.

If you have any issues please escalate through your Team Leaders and Senior Authorised Officers.

Kind regards

**Stuart Bailey**  
**Deputy Commander | Authorised Officer Operations**  
**COVID-19 Enforcement and Compliance**

Regulation | Health Protection and Emergency Management  
 Victorian Department of Health & Human Services  
 50 Lonsdale Street, Melbourne. 3000.

e: REDACTED

w: <https://www.dhhs.vic.gov.au/coronavirus>

m: REDACTED



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We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.



# DIRECTION AND CONTINUATION OF DETENTION NOTICE

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

## 1 Detention Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice (**Notice**) that you were provided on your arrival in Victoria.
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (**Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at a high risk of infection and are significant contributors to the spread of COVID-19 throughout Victoria.
- (4) Pursuant to the Notice, you have been detained at the hotel and in the room specified in clause 1(5) below, for a period of 14 days, or nearing 14 days, because, having regard to the medical advice, that detention was, and continues to be, reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.

### (5) Place and time of current detention

You have been detained at:

**Hotel:** \_\_\_\_\_

**Room No:** \_\_\_\_\_

- (6) You were to be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.
- (7) An Authorised Officer has decided to continue your detention and issue this Direction and Continuation of Detention Notice. This decision has been made following the mandatory review of your Notice because:  
(*tick as applicable*)

- you are nearing the end of your detention and have not been tested for COVID-19
- you are awaiting the results of a test for COVID-19
- you have returned a positive test for COVID-19 and have not been medically cleared to leave detention



- (8) You must comply with the directions in clause 2 and 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (9) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

## 2 Place and time of continued detention

- (1) You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

- (2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020

## 3 Conditions of your detention

- (1) **You must not leave the room in any circumstances**, unless:

- (a) you have been granted permission to do so:
- (i) for the purposes of attending a medical facility to receive medical care; or
  - (ii) where it is reasonably necessary for your physical or mental health; or
  - (iii) on compassionate grounds; or
  - (iv) for the purpose of visiting a patient in hospital where permitted to do so under the **Hospital Visitor Directions (No 6)**; or
- (b) there is an emergency situation.

- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

## 4 Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

## **5 Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

---

**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

# DIRECTION AND DETENTION NOTICE

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

## 1 Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after 11:59:00pm on 27 June 2020.
- (2) A state of emergency exists in Victoria under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at a high risk of infection and are significant contributors to the spread of COVID-19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because, having regard to the medical advice, that detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) **You will be detained for a further period of 10 days from the end of the detention period** specified in clause 2 below if you refuse to be tested for COVID-19 on the request of an Authorised Officer. This detention will be required because, having regard to the medical advice, this further detention is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (6) You must comply with the directions in clause 3 below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (7) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

## 2 Place and time of detention

- (1) You will be detained at:

**Hotel:** \_\_\_\_\_ *(to be completed at place of arrival)*

**Room No:** \_\_\_\_\_ *(to be completed on arrival at hotel)*

- (2) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020, subject to clause 1(5).

*(to be completed at place of arrival)*

## 3 Directions — transport to hotel

- (1) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

- (2) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

#### 4 **Conditions of your detention**

- (1) **You must not leave the room in any circumstances**, unless:
  - (a) you have been granted permission to do so:
    - (i) for the purposes of attending a medical facility to receive medical care; or
    - (ii) where it is reasonably necessary for your physical or mental health; or
    - (iii) on compassionate grounds; or
    - (iv) for the purpose of visiting a patient in hospital where permitted to do so under the **Hospital Visitor Directions (No 6)**; or
  - (b) there is an emergency situation.
- (2) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (3) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (4) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (5) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

#### 5 **Review of your detention**

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

#### 6 **Offence and penalty**

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

REDACTED



Name of Authorised Officer: Annaliese van Diemen

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.



## FW: Detention Notice Changes.

**From:** "Stuart Bailey (DHHS)" [REDACTED]  
**To:** "Pam Williams (DHHS)" [REDACTED]  
**Cc:** "Murray Smith (DHHS)" [REDACTED] "Steve Ballard (DHHS)" [REDACTED]  
**Date:** Mon, 29 Jun 2020 09:12:30 +1000  
**Attachments:** Direction and Continuation of Detention Notice 27 June 2020 currently\_detained.docx (34.21 kB); Direction and Detention Notice (signed).pdf (157.6 kB)

Pam,  
 I have updated this messaging that I hope will assist your staff in the delivery of this new process re mandatory testing.  
 We have gained advice from Public Health Command that the days 3 testing is not mandatory. Let me know if you need further clarification.  
 Kind regards

**Stuart Bailey**  
**Deputy Commander | Authorised Officer Operations**  
**COVID-19 Enforcement and Compliance**

Regulation | Health Protection and Emergency Management  
 Victorian Department of Health & Human Services  
 50 Lonsdale Street, Melbourne. 3000.

e: [REDACTED]  
 w: <https://www.dhhs.vic.gov.au/coronavirus>  
 m: [REDACTED]



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We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

**From:** Stuart Bailey (DHHS)  
**Sent:** Sunday, 28 June 2020 10:14 AM  
**To:** COVID-19 Authorised Officers [REDACTED]  
**Cc:** [REDACTED] (DHHS) [REDACTED] [REDACTED] (DHHS) [REDACTED]  
 [REDACTED] Laura LoBianco-Smith (DHHS) [REDACTED]  
 [REDACTED] Amanda Stevens (DHHS) [REDACTED] Michael Mefflin (DHHS) [REDACTED] [REDACTED] (DHHS)  
 [REDACTED]  
**Subject:** FW: Detention Notice Changes.

Ladies and Gents,

Late last night a high level decision was made to ensure all people arriving internationally at our ports and subsequently being quarantined must undergo COVID19 testing on days 11, if they are to be released on day 14. If they do not undergo the COVID19 testing they will be required to stay a further 10 days in quarantine at our hotels; thus being quarantined for 24 days in total.

To ensure this process is adhered to the following notices have been updated to ensure compliance by those arriving internationally and those currently quarantining with us at our hotels.

The new Direction and Detention Notice will be issued at our ports as of today (attached).

The new Direction and Continuation of Detention Notice will be issued to those that have refused to undergo COVID19 testing (attached)(note: this is dated the 28 March 2020 to back capture those currently our hotels).

In the event that a person has recently undergone testing due to the new directions, they must be held in quarantine until the test results have been returned. If they were to leave on day 14 but the test result haven't been received, they are to be issue the Direction and Continuation of Detention Notice which is a legal power to detain at the hotel until the test results are gained.

In the event that a person undergoing testing is positive, the same protocols remain. They are offered time to stay in the hotel or can self-isolated at their home address / another appropriate address. Public Health Command would issue their direction for the person to stay at home in self-isolation.

IMPORTANTLY, we do not need to get involved in the testing procedure. Welfare are making contact with those that have not been tested. It is envisaged that those that haven't been tested, when faced with a further 10 days detention, will adhere to the testing requirements.

We will gain a list from Welfare of those that haven't been tested and it will be the AO's requirement on day 14 to issue the new Direction and Continuation of Detention Notice.

The policy and protocols will be updated to reflect these changes in the near future.

If you have any issues please escalate through your Team Leaders and Senior Authorised Officers.

Kind regards

**Stuart Bailey**  
**Deputy Commander | Authorised Officer Operations**  
**COVID-19 Enforcement and Compliance**

Regulation | Health Protection and Emergency Management  
Victorian Department of Health & Human Services  
50 Lonsdale Street, Melbourne. 3000.

e: REDACTED

w: <https://www.dhhs.vic.gov.au/coronavirus>

m: REDACTED



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# Night shift Op Instruction

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**From:** "Noel Cleaves (DHHS)" REDACTED  
**To:** "Steve Ballard (DHHS)" REDACTED  
**Cc:** REDACTED (DHHS)" REDACTED  
**Date:** Wed, 01 Jul 2020 09:16:14 +1000  
**Attachments:** Operational Instruction X-2020 Night shift.docx (33.86 kB)

---

Hi Steve,

This is the night shift draft which has been tested and now reflects some ideas from Michelle H. It needs to be endorsed, ideally pretty quickly, given how important data verification is at the moment.

Noel Cleaves  
Covid-19 Senior Authorised Officer

REDACTED

# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X / 2020

**EFFECTIVE DATE:** TBC

**SUBJECT:** NIGHT SHIFT

---

### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) who work overnight at the quarantine hotels between the hours of 2300 and 0700..

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers under the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

Authorised officers are deployed at the quarantine hotels on a 24/7 basis. The night shift provides opportunities to perform tasks that are often difficult to complete at other shifts.

This is the subject of this operational instruction.

### INSTRUCTION

#### **Procedure to be followed by authorised officers at hotels during the overnight shift.**

1. During handover clarify what work remains outstanding with priority given to any safety issues.
2. Check during handover whether there are any arrivals to occur during the shift. Complete any required tasks prior to and during the arrivals as per the authorised officer protocol.
3. Check during the handover whether there are any arrivals to occur the following morning and whether there are actions which must be completed prior to that time. Complete any required task as per the authorised officer protocol.
4. Check during handover if there are any tasks outstanding from any incoming passenger arrivals during the day. Complete any required tasks.
5. Check during handover whether there are any walks to be recorded in the app. Complete any outstanding data entry.

6. Each night before the handover, the afternoon/evening shift authorised officer should request that the hotel duty manager print off a register of all hotel guests.
7. Each night the night shift authorised officer should verify that the register aligns with the compliance app. In particular, check that the app and the hotel register room numbers are identical. Where there are anomalies, check with the duty nurse to establish whether they can assist with a point of truth. Clearly document any anomalies in the handover notes for the morning shift to investigate by contacting rooms if needed.
8. Verify the name, date of birth and passport number against the passport image for any detainees who enter detention during the day. Make changes as required to edit the records. Where changes are made add a contact log to describe the changes that have been made. Note that this task must be completed by the end of the 2<sup>nd</sup> day in detention.
9. Where available, print off the 'Consolidated hotel report' if it has been sent to the hotel. Cross check the app against the report and where there are anomalies that require investigation, include those in the handover notes. Confirm details such as whether a person is in 'quarantine' or is a 'support person'. Note that this task must be completed by the end of the 2<sup>nd</sup> day in detention.
10. Where available, print off the 'Daily arrivals report' for that day as supplied to each hotel (noting that there will be no arrivals on some days). Perform the same checks and process as described above. Note that this task must be completed each night.
11. If all other tasks have been completed, contact closest hotels and establish if there is any work that you can assist with.

### **Airport hotels**

12. The priority for staff at the airport hotels over the night shift is the preparation of any transit letters that need to be prepared for the following morning. (See Operational Instruction – Transits > 8 hours). Once these have been prepared then the above process should be followed.

.....  
**XXXXXX, Commander COVID-19 Enforcement and Compliance**



**To:** Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>; Sandy Austin (DHHS) <[REDACTED]>; Steve Ballard (DHHS) <[REDACTED]>; Mercure (DHHS) <Mercure@dhhs.vic.gov.au>; [REDACTED]  
**Cc:** Murray Smith (DHHS) <[REDACTED]>; Noel Cleaves (DHHS) <[REDACTED]>; Leanne Hughson (DHHS) <[REDACTED]>; Stuart Bailey (DHHS) <[REDACTED]>; Amanda Stevens (DHHS) <[REDACTED]>; [REDACTED] <[REDACTED]>; DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]>; Anita Morris (DHHS) <[REDACTED]>; Vanessa Brotto (DHHS) <[REDACTED]>; Laura LoBianco-Smith (DHHS) <[REDACTED]>; Ewan Tosh (DHHS) <[REDACTED]>

**Subject:** RE: Fresh air breaks

Thank you for your email [REDACTED]

Fresh air breaks are incredible important and any decision to cease them must be made in conjunction with the Command centre – especially given the political sensitivity around access to them.

[REDACTED] would you be so kind as to assess the area [REDACTED] are adults still able to use the space

[REDACTED] lets look into this tomorrow as they will be needed to recommence ASAP

[REDACTED]

Clinical Lead – Mandatory Quarantine

[REDACTED]

---

**From:** Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>

**Sent:** Thursday, 2 July 2020 5:37 PM

**To:** Sandy Austin (DHHS) <[REDACTED]>; Steve Ballard (DHHS) <[REDACTED]>; Mercure (DHHS) <Mercure@dhhs.vic.gov.au>

**Cc:** Murray Smith (DHHS) <[REDACTED]>; Noel Cleaves (DHHS) <[REDACTED]>

[REDACTED] <[REDACTED]>; Leanne Hughson (DHHS) <[REDACTED]>

[REDACTED] <[REDACTED]>; Stuart Bailey (DHHS) <[REDACTED]>

Amanda Stevens (DHHS) <[REDACTED]>

[REDACTED] <[REDACTED]>; DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]>

[REDACTED] <[REDACTED]>; Anita Morris (DHHS) <[REDACTED]>; Vanessa Brotto (DHHS) <[REDACTED]>

[REDACTED] <[REDACTED]>; Laura LoBianco-Smith (DHHS) <[REDACTED]>

[REDACTED] <[REDACTED]>; Ewan Tosh (DHHS) <[REDACTED]>

**Subject:** Re: Fresh air breaks

Hello

The Rydges have put fresh air breaks on hold due to Alfred health unable to clean the new allocated area and old walk area has been assessed as unsafe for children.

We will continue to walk those on mental health list until a clear process and decision is made.

Thanks [REDACTED]



COVID 19- Team Leader

State Emergency Management Centre  
Department of Health and Human Services

m[REDACTED]

w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

---

**From:** Sandy Austin (DHHS)[REDACTED]  
**Sent:** Wednesday, 1 July 2020 9:47 PM  
**To:** Steve Ballard (DHHS)[REDACTED]; Mercure (DHHS) <[Mercure@dhhs.vic.gov.au](mailto:Mercure@dhhs.vic.gov.au)>; Rydges Swanston (DHHS) <[RydgesSwanston@dhhs.vic.gov.au](mailto:RydgesSwanston@dhhs.vic.gov.au)>  
**Cc:** Murray Smith (DHHS)[REDACTED]; Noel Cleaves (DHHS) [REDACTED]  
 [REDACTED]; Leanne Hughson (DHHS) [REDACTED]  
 [REDACTED] Stuart Bailey (DHHS)[REDACTED]  
 Amanda Stevens (DHHS) [REDACTED]  
 [REDACTED]  
 [REDACTED] DHHSOpSoteriaEOC <[DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au)>; [REDACTED] Jenny Owen (DHHS)[REDACTED] [REDACTED]  
 [REDACTED] Anita Morris (DHHS)[REDACTED];  
 Vanessa Brotto (DHHS)[REDACTED]; Laura LoBianco-Smith (DHHS) [REDACTED]  
 [REDACTED]; Ewan Tosh (DHHS) [REDACTED]  
**Subject:** RE: Fresh air breaks

Hi Steve,  
Thank you for the confirmation.

- \* Rydges will have the CSO and RSOs in place tomorrow and can start planning for fresh air breaks from tomorrow.
- \* Mercure will have the RSOs likely day after tomorrow and will be able to resume at that time.

The roll out for the other hotels is planned as following:

- \* 6 July: Pullman, Grand Chancellor, Four Points
- \* 8 July: Stamford Plaza, Crown Metropol, Crown Promenade
- \* 13 July: Marriot, Holiday Inn Flinders Lane, Holiday Inn Melbourne, Parkroyal Melbourne Airport, Pan Pacific, Novotel on Collins.

I hope this is to your approval.

Regards,  
Sandy

Sandy Austin  
M.[REDACTED]  
Deputy Commander, Hotels  
Operation Soteria

---

**From:** Steve Ballard (DHHS) [REDACTED]  
**Sent:** Wednesday, 1 July 2020 9:42 PM  
**To:** Sandy Austin (DHHS)[REDACTED]  
 [REDACTED]  
**Cc:** Murray Smith (DHHS)[REDACTED]; Noel Cleaves (DHHS) [REDACTED]  
 [REDACTED]; Leanne Hughson (DHHS) [REDACTED]  
 [REDACTED] Stuart Bailey (DHHS)[REDACTED]  
 Amanda Stevens (DHHS)[REDACTED]

**Subject:** Fresh air breaks

Hi Sandy and **REDACTE**

I have discussed with Murray. We have agreed that fresh air breaks can now be resumed in hotels where DJCS customer service officers are in place. I am advised that they have full training in use of PPE and are able to conduct these activities.

These arrangements should only be re-instigated in the circumstances.

Hope this clarifies and please do not hesitate to contact me should you wish to discuss further.

Kind regards

Steve

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# Rydges Hotel Exercise Protocol

## Objective

To safely provide fresh air and exercise to all guests at Rydges Hotel who are not symptomatic.

## Considerations

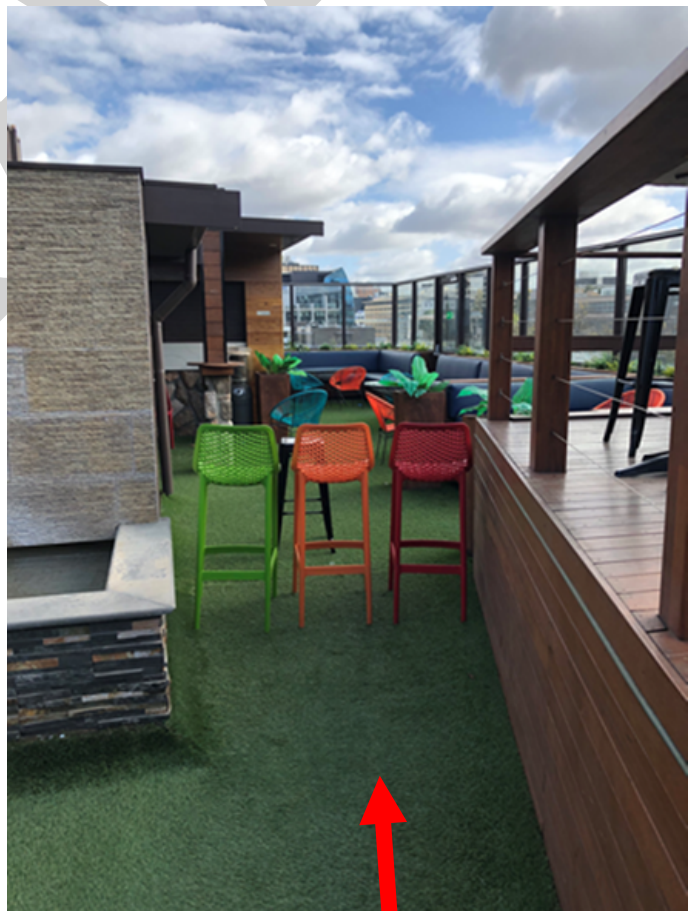
- The health and safety of nurses, hotel staff, security staff, authorised officers and DHHS staff is our number one priority.
- The guests at Rydges are negative for COVID-19.
- The roof top exercise area has a pool that has been temporarily fenced, with no swimming allowed.
- Children can only be exercised in the area designated shown in photo under the strict supervision of parents.
- Guest(s) will be taken through the enclosed area bypassing the pool and come out in the exercise area.
- Guards are stationed at entrance, exits, passage along the pool area (guard positioned alongside of pool area must be able to swim) and away from guest(s).
- Guests will not be permitted to smoke during the exercise session.
- Exercise sessions are for a minimum of 15 minutes and can be extended on the recommendation of the mental health nurse.
- The lift is cleaned after every exercise session.
- Guests are informed they are not permitted to touch any surfaces during the exercise session.
- The hotel disinfects the exercise area at the end of every exercise session.
- Risks assessment of guest(s) must be undertaken before guest(s) can exercise, if there are any concerns regarding the safety or security of staff the guest will not be allowed to exercise.
- **Guests must wear surgical masks during the exercise session.**

## Process

- Anyone requiring an exercise session are to contact the DHHS Team Leader to request a time.
- DHHS confirms with the nurse that the person is not symptomatic.
- A time is scheduled, and the team leader informs guest of the exercise time.
- Authorising Officer (AO) informs security, nurses and mental health nurse of the exercise session (time, number of people, how many children and any other issues related to guests).
- A nurse requests security to distance themselves during escort from guests' room to the lift.
- **Security wearing a mask escorts guest(s) in a lift to the exercise area.**
- A total of three security guards will monitor guests during exercise session.
- At the end of the exercise session guest(s) are escorted to their room by security.

Endorsement			
Sign			
Print Name			
Date			
Position			
Department			





## Operational Instruction - Night Shift

---

**From:** "Noel Cleaves (DHHS)" [REDACTED]  
**To:** COVID-19 Authorised Officers <covid-19authorisedofficers@dhhsvicgovau.onmicrosoft.com>  
**Date:** Thu, 02 Jul 2020 07:45:11 +1000  
**Attachments:** Operational Instruction X-2020 Night shift.docx (31.82 kB)

---

Hi to all,

Here's some directions on the priorities and detail about the night shift work. Regardless of what shift you work, there will be some flow on's for you as the focus is on quality assurance of the core detainee data (names, dates of birth, room numbers, key dates etc). This recognises that there are tasks that simply cannot be done at night but equally this provides the opportunity to focus on things that cannot be done during the day due to other priorities.

Please have a read and in the first instance, please talk to your Team Leader if you have any specific questions.

A signed version will follow.

cheers,

Noel Cleaves  
Covid-19 Senior Authorised Officer

[REDACTED]



# COVID-19 COMPLIANCE AND ENFORCEMENT COMMAND

## OPERATIONAL INSTRUCTION X / 2020

**EFFECTIVE DATE:** TBC

**SUBJECT:** NIGHT SHIFT

---

### PURPOSE

To provide clarity as to the roles and responsibilities of Authorised Officers (AOs) who work overnight at the quarantine hotels between the hours of 2300 and 0700..

### APPLICATION

These instructions are to be followed by all AOs engaged in enforcement and compliance activity relating to the emergency powers under the *Public Health and Wellbeing Act 2008* (the Act).

Deviation from these instructions can only occur with the approval of the Deputy Commander COVID-19 Enforcement and Compliance, or in their absence the senior manager responsible for AOs during the relevant shift. The approval must be in writing (writing includes email).

### BACKGROUND

Authorised officers are deployed at the quarantine hotels on a 24/7 basis. The night shift provides opportunities to perform tasks that are often difficult to complete at other shifts.

This is the subject of this operational instruction.

### INSTRUCTION

#### **Procedure to be followed by authorised officers at hotels during the overnight shift.**

1. During handover clarify what work remains outstanding with priority given to any safety issues.
2. Check during handover whether there are any arrivals to occur during the shift. Complete any required tasks prior to and during the arrivals as per the authorised officer protocol.
3. Check during the handover whether there are any arrivals to occur the following morning and whether there are actions which must be completed prior to that time. Complete any required task as per the authorised officer protocol.
4. Check during handover if there are any tasks outstanding from any incoming passenger arrivals during the day. Complete any required tasks.
5. Check during handover whether there are any walks to be recorded in the app. Complete any outstanding data entry.

6. Each night before the handover, the afternoon/evening shift authorised officer should request that the hotel duty manager print off a register of all hotel guests.
7. Each night the night shift authorised officer should verify that the register aligns with the compliance app. In particular, check that the app and the hotel register room numbers are identical. Where there are anomalies, check with the duty nurse to establish whether they can assist with a point of truth. Clearly document any anomalies in the handover notes for the morning shift to investigate by contacting rooms if needed.
8. Verify the name, date of birth and passport number against the passport image for any detainees who enter detention during the day. Make changes as required to edit the records. Where changes are made add a contact log to describe the changes that have been made. Note that this task must be completed by the end of the 2<sup>nd</sup> day in detention.
9. Where available, print off the 'Consolidated hotel report' if it has been sent to the hotel. Cross check the app against the report and where there are anomalies that require investigation, include those in the handover notes. Confirm details such as whether a person is in 'quarantine' or is a 'support person'. Note that this task must be completed by the end of the 2<sup>nd</sup> day in detention.
10. Where available, print off the 'Daily arrivals report' for that day as supplied to each hotel (noting that there will be no arrivals on some days). Perform the same checks and process as described above. Note that this task must be completed each night.
11. If all other tasks have been completed, contact closest hotels and establish if there is any work that you can assist with.

### **Airport hotels**

12. The priority for staff at the airport hotels over the night shift is the preparation of any transit letters that need to be prepared for the following morning. (See Operational Instruction – Transits > 8 hours). Once these have been prepared then the above process should be followed.

.....  
**XXXXXX, Commander COVID-19 Enforcement and Compliance**



# COVID-19 Compliance policy and procedures – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

26 April 2020 Version 1

# COVID-19 Compliance policy and procedures – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

26 April 2020 Version 1

**NOTE: The COVID-19 response is a rapidly evolving situation and matters are subject to fluidity and change.**

**This document will be updated as required and will be available at Teams – COVID-19 Compliance. Please ensure you ensure you use the latest version of this document.**

**A hard copy should also be available at each hotel.**

**For urgent operational advice please contact the on call senior Authorised Officer.**

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health and Human Services April 2020.

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# 1. Purpose and background

## 1.1 Purpose

This purpose of this document is to outline the Authorised Officer (AO) policy and procedures to ensure compliance and enforcement functions and procedures for the direction and detention direction issued under the *Public Health and Wellbeing Act 2008* (PHWA).

This document is to be used in conjunction with the State plan 'Operation Soteria: Mandatory Quarantine for All Victorian Arrivals' which describes the overarching system in operation.

## 1.2 Background

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria.

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

The policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008*. The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

## Objectives

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required.
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database.
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention.
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## 2. Enforcement and Compliance command / roles and responsibilities / Business system

### 2.1 Enforcement and Compliance command structure

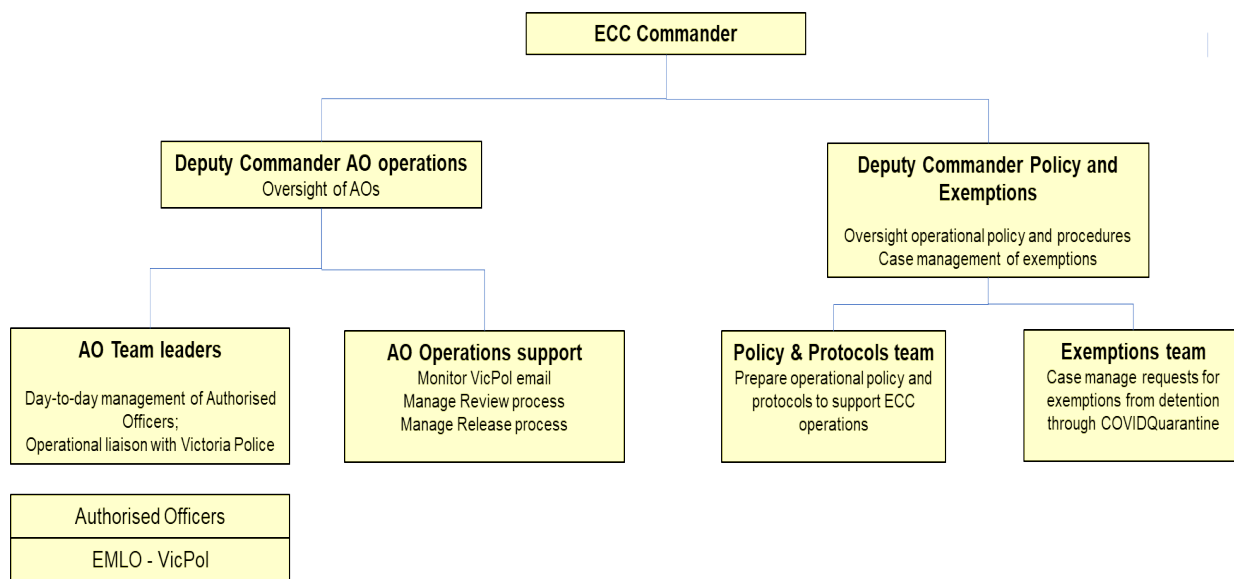


Figure { SEQ Figure \\* ARABIC }: Compliance command structure

## 2.2 Compliance cell roles and responsibilities

**Table 1 Compliance cell roles**

<b>Role</b>	<b>Responsibilities</b>
Enforcement and Compliance Commander	<ul style="list-style-type: none"> <li>• Lead and provide oversight to compliance matters under all Public Health Directions.</li> <li>• Provide advice and input into complex compliance matters.</li> <li>• Provide advice and support to the Chief Health Officer and their delegate on compliance.</li> <li>• Daily review of those subject to detention</li> </ul>
Deputy Commander AO operations	<ul style="list-style-type: none"> <li>• Provide oversight to Authorised officers</li> <li>• Lead the provision of guidance to the AO Team Leaders.</li> <li>• Report on daily review of people being detained.</li> </ul>
AO Operations support	<ul style="list-style-type: none"> <li>• Undertake rostering, recruiting and onboarding of AOs</li> <li>• Monitor VicPol email address</li> <li>• Manage Review and Release Process</li> </ul>
Senior AO	<ul style="list-style-type: none"> <li>• Provide leadership to AOs.</li> <li>• First point of call for approving permissions.</li> </ul>
AO	<p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>• administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>• meeting obligations under the Public Health and Wellbeing Act</li> </ul>
EMLO VicPol	<ul style="list-style-type: none"> <li>• Liaise with Victoria Police</li> </ul>
Deputy Commander Policy and Exemptions	<ul style="list-style-type: none"> <li>• Oversight of operational policy and procedures</li> <li>• Case management of exemptions</li> </ul>
Policy and Protocols team	<ul style="list-style-type: none"> <li>• Prepare operational policy and protocols to support enforcement and compliance</li> </ul>
Exemptions team	<ul style="list-style-type: none"> <li>• Case manage requests for exemptions from detention</li> <li>• Manage COVID Quarantine inbox.</li> </ul>

## 2.3 Roles and responsibilities for other non-compliance cell staff involved in compliance

**Table 2 Non-compliance cell staff at hotel**

Role	Responsibility
DHHS Team Leader	<ul style="list-style-type: none"> <li>• Supports the health and well-being of staff.</li> <li>• Liaises with airport command and staff from the Department of Jobs Precincts and Regions represented at the hotel.</li> <li>• Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations.</li> <li>• Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required.</li> <li>• Ensures appropriate records management processes are in place.</li> </ul>
DHHS and DJPR concierge staff	<ul style="list-style-type: none"> <li>• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs.</li> <li>• Deliver hyper-care (concierge) services onsite.</li> <li>• Manage contracts with accommodation providers.</li> <li>• Manage transport arrangements from the airport and other locations detainees as permitted by AOs.</li> <li>• Manage material needs including food and drink.</li> </ul>
Nursing staff	<ul style="list-style-type: none"> <li>• Provide 24 hour on-call medical support subject to demand.</li> <li>• Provide welfare to detainees through a daily welfare check — DHHS welfare officers email <a href="mailto:COVIDQuarantine@dhhs.vic.gov.au">COVIDQuarantine@dhhs.vic.gov.au</a> and phone the site AO individually to alert AO of medical and welfare issues.</li> <li>• Provide a satisfaction survey for residents to complete each week.</li> </ul>
Security	<ul style="list-style-type: none"> <li>• Assist AOs in ensuring detainees comply with notices and permissions. This includes ensuring detainees do not leave hotel rooms, assisting with movement of detainees where they have permission to leave rooms, and assisting with release from detention.</li> </ul>

## 2.4 COVID-19 Quarantine and Welfare System Compliance Application

The COVID-19 Quarantine and Welfare System is currently comprised of two elements:

- [COVID-19 Compliance Application](#) - This application supports AOs to maintain Direction and Detention notice and permissions records.
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities and not accessible to AOs).

A third element is under development for nursing staff to be able to enter health assessment data (not accessible to AOs).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

## 3. Authorised officers and powers

### 3.1 Key points

- Only AO's additionally authorised for the purposes of the public health risk and emergency powers can undertake administration and enforcement of the direction and detention notice.
- AOs must undertake several obligations before exercising powers.

### 3.2 Authorisation under the Public Health and Wellbeing Act for the purposes of the emergency order

**Only VPS employees and council environmental health officers that are AOs under the PHWA and also authorised by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise public health risk and emergency powers.**

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date.

**Note: Any AO that is unsure as to whether they have been authorised under s.199 should contact [COVIDquarantine@dhhs.vic.gov.au](mailto:COVIDquarantine@dhhs.vic.gov.au) prior to enforcing compliance with the Direction and Detention Notices.**

While exercising their powers and monitoring compliance, AOs should be cognisant that persons subject to detention may be tired, emotional and stressed. AOs may need to use conflict negotiation, mediation skills and compassion to help persons settle into the new environment.

### 3.3 Authorised officer<sup>1</sup> and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

#### 3.3.1 Mandatory obligations for AOs

AOs have mandatory obligations that must be followed when carrying out functions. The table below summarises mandatory obligations.

**Table 3 Mandatory obligations of AOs**

Legislation	Obligations
<b>Emergency powers and general powers in the Public Health and Wellbeing Act 2008</b>	• AO must show ID card before carrying out actions/exercising powers
	• AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
	• AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
	• AO must facilitate a reasonable request for communication
	• AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health (undertaken by Deputy Commander AO operations with AO ops support)
	• AO must give written notice to the Chief Health Officer (CHO) that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.
<b>In addition, AOs must comply with the Charter of Human Rights (see also appendix 10)</b>	• AO must act compatibly with human rights
	• AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

<sup>1</sup> \* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order



### 3.4 General powers and obligations under the Public Health and Wellbeing Act 2008

The general powers of Authorised officers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice from the Deputy Commander AO Operations if they are unsure about the administration of their powers.**

#### Authorised officer obligations:

##### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

##### Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

## 4. At the airport

AOs issue Direction and Detention notices to people arriving in Victoria (airports and seaports) from overseas and advise them they must go into immediate compulsory quarantine for 14 days. This is because international arrivals present a high-risk of further transmission of the COVID-19 virus and detention is necessary to reduce or eliminate serious risks to public health.

All passengers will be transported free of charge to a designated hotel accommodation, where they must undertake a strict 14-day quarantine period.





The airport is the first point of contact for an AO, who must undertake several obligations to administer the direction and detention notice issued under the PHWA.








### 4.1 Key points

- AO must fulfil mandatory obligations (e.g. show ID card and explain reason for detention, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

### 4.2 Key responsibilities

Table 4 – AO responsibilities at the airport

Authorised Officers Responsibility	Mandatory obligation	Section (PHWA)
 <ul style="list-style-type: none"> <li>• should note exemptions provided by exemption teams in advance of flight arrival</li> </ul>		
 <ul style="list-style-type: none"> <li>• inform flight crew of Authorised Officer action</li> <li>• request interpretation of script into all relevant languages</li> </ul>		
 <ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO identification card</li> <li>• must read script which: <ul style="list-style-type: none"> <li>– explains the reasons for detention</li> <li>– warns returning passengers that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>reminds passengers they must keep their detention notice</b></li> </ul> </li> <li>• repeat script and request flight crew read script in all relevant languages</li> </ul>	Yes	Section 166, 200(2),200(4) and 202(1)
 <ul style="list-style-type: none"> <li>• must issue the Direction and Detention Notice to each passenger immediately after disembarkation</li> <li>• if practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</li> </ul>	Yes.	Section 200(2) and 200(4)

	<ul style="list-style-type: none"> <li>• must refer to section 6 of this protocol with regard to unaccompanied minors</li> <li>• notification to parent/guardian may need to be conducted over the phone and interpretation services may be required</li> <li>• issue direction and detention notice for unaccompanied minors to undertake quarantine at an alternate location (if approved) OR Direction and Detention Notice for solo children</li> </ul>	Yes	Section 200(2) and 200(4)
	<ul style="list-style-type: none"> <li>• facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is 51034</li> </ul>	Yes	Section 200(5)
	<ul style="list-style-type: none"> <li>• ensure the Direction and Detention Notice: <ul style="list-style-type: none"> <li>– states the name/s of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>– states the name of AO</li> <li>– contains the signature of the person being detained</li> <li>– contains signature of AO</li> <li>– contains the hotel name at which the person will be detained</li> <li>– contains date of commencement of detention</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>• record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application</li> <li>• request person subject to detention present to AO at hotel</li> </ul>		
	<ul style="list-style-type: none"> <li>• liaise with health team and hotel team leader and AO, if health check has identified passengers that need transfer to hospital</li> <li>• issue permission if person needs transfer to hospital</li> </ul>		
	<ul style="list-style-type: none"> <li>• provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>		
	<ul style="list-style-type: none"> <li>• record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>		

**For noting - transfer of uncooperative person to be detained**

There may be circumstances where a person refuses to be cooperative. DHHS Operations staff at the airport may elect to organise a separate mode of transport for in such circumstances, noting Victoria Police may be requested to escort such individuals.

## 5. At the hotel



As part of meeting mandatory detention requirements in the direction and detention notice, the Victorian Government has arranged accommodation in numerous locations, primarily in the Melbourne CBD area. The purpose is to restrict the movement of international arrivals to limit the spread of COVID-19.

### 5.1 Key points

- AO reiterates detention requirements, explains reasons for detention and the penalties for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, nursing/medical and other staff.
- AOs are responsible for the compliance check out.

### 5.2 Shift check-in

Table 5 AO roles and responsibilities – shift change over

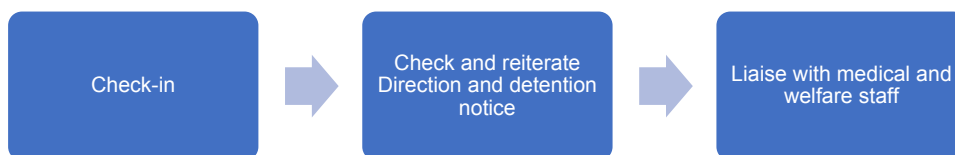
Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>• Introduce yourself to:               <ul style="list-style-type: none"> <li>– hotel/duty manager</li> <li>– head of security</li> <li>– DHHS team leader</li> <li>– nursing staff.</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>• Obtain a handover (verbal and high-level information) to:               <ul style="list-style-type: none"> <li>– understand problems, exemptions and permissions</li> <li>– ascertain location of records and template forms</li> <li>– ensure COVID-19 Compliance Application has been updated</li> <li>– if exits from detention expected, ensure AO team and release team aware of plans and location of documentation.</li> </ul> </li> </ul>		

## 5.3 Hotel check-in




The purpose of hotel check-in is to:

- enable hotel staff to provide people being detained with a room number and key
- reiterate obligations for those being detained.

**Figure 2: Hotel check-in**








**Table 6 AO roles and responsibilities – hotel check-in**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>• At check in, ensure person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:               <ul style="list-style-type: none"> <li>– room number</li> <li>– the date that the person will be detained until (14 days after arrival at place of detention).</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>• Show identification and introduce yourself.</li> <li>• Check completed Direction and Detention Notice to confirm that the following details are correct:               <ul style="list-style-type: none"> <li>– the hotel name</li> <li>– hotel room number and arrival date, time and room on notice</li> <li>– the date that the person will be detained until (14 days after arrival at place of detention).</li> </ul> </li> <li>• Reiterate:               <ul style="list-style-type: none"> <li>– the reason for detention</li> <li>– that refusal or failure to comply without a reasonable excuse is an offence and that penalties may apply</li> </ul> </li> <li>• Facilitate any reasonable request for communication.</li> <li>• <b>The notice must be returned to the person being detained.</b></li> </ul>	Yes	Sections 166, 200(2), 200(4) and 203(1)
	<ul style="list-style-type: none"> <li>• Liaise with nurses to identify persons that might require permissions for temporary leave (e.g. for medical treatments).</li> </ul>		


## 5.4 Monitoring compliance

The AO will provide oversight and ensure compliance with the direction and detention notice. See also Compliance (section 8 of this document).

**Table 7 AO roles and responsibilities – monitoring compliance**

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>Check that security are undertaking floor walks to encourage compliance and deter non-compliance.</li> </ul>		
	<ul style="list-style-type: none"> <li>Oversee and provide advice on compliance-related issues such as:               <ul style="list-style-type: none"> <li>a person refusing to comply and a person demanding to be removed from detention</li> <li>reminding a person the reason for the detention, their obligations under the detention and direction notice and the penalties if they do not comply</li> <li>responding to request from security to address compliance</li> <li>answering questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.</li> <li>seeking assistance from security or Victoria police to support compliance efforts</li> <li>facilitating any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on 9280 1955. PIN code is 51034</li> </ul> </li> </ul>		203(1)
	<ul style="list-style-type: none"> <li>Raise requests for permission to leave with Senior AO. See Permissions (section 7).</li> <li>Administer permission to leave and monitor compliance.</li> </ul>		203(1)
	<ul style="list-style-type: none"> <li>Raise any exemption requests with Senior AO See Exemptions section (section 6)</li> <li>Refer exemption requests to: <a href="mailto:covidquarantine@dhhs.vic.gov.au">covidquarantine@dhhs.vic.gov.au</a></li> <li>Issue Direction and Detention Notices for detention in alternate locations if approved by Enforcement and Compliance Commander. A case manager from the Exemptions team will contact the AO with details.</li> </ul>		200(2),200(4) and 202(1)
	<ul style="list-style-type: none"> <li>Make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the COVID-19 Compliance Application.</li> <li>Keeping a copy of all individual Direction and Detention Notices, permissions and exemptions</li> </ul>		



	to upload into the COVID-19 compliance app		
	<ul style="list-style-type: none"> <li>Inform nurse, medical practitioner, welfare staff or DHHS concierge staff of other matters you become aware of.</li> </ul>		

### Clarity about role of AO

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Activities outside the scope of the role of the AO include:

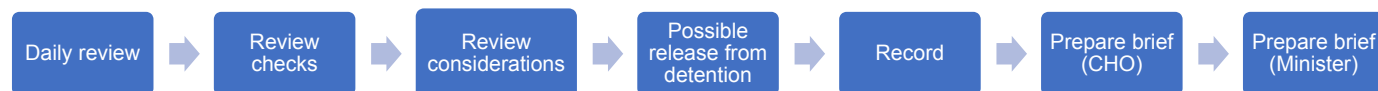
- transport. This is the responsibility of the DHHS Team Leader on-site. If a DHHS concierge person is not on-site, please refer to [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport"
- physically moving COVID 19 patients. Please see procedure in occupational health and safety section
- retrieving luggage
- food quality
- inspecting care packages, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats
- monitoring or ordering PPE or other supplies

However, if an AO becomes aware of these or other non-compliance related issues in a hotel, they should refer to the DHHS hotel Team Leader. For nursing/medical and welfare issues, the AO should inform on-site medical and nursing staff.




## 5.5 Daily review and reporting

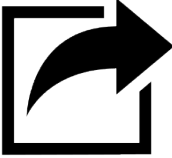



The daily review is a mandatory obligation to determine whether continued detention of a person is reasonably necessary to eliminate or reduce a serious risk to health. There are mandatory obligations for the AO to inform the Chief Health Officer (CHO) and the CHO to inform the Minister. In practice, the Deputy Commander AO operations with the AO operations support team will ensure this obligation is fulfilled.

**Figure 3: Daily review**



**Table 8 AO roles and responsibilities – daily review**

Step	AO roles and responsibilities (Review Team)	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>Review Team will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health.</li> </ul>	Yes	S 200(6)
	<ul style="list-style-type: none"> <li>Undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes:               <ul style="list-style-type: none"> <li>– reviewing the date and time of the previous review (to ensure it occurs at least once every 24 hours)</li> <li>– reviewing the number of detainees present at the hotel</li> <li>– reviewing the duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to</li> <li>– reviewing the number of detainees testing positive and being cleared of COVID-19 results while in detention</li> </ul> </li> <li>Determine whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health</li> <li>Consider the human rights being impacted – refer to ‘Charter of Human Rights’ obligations in <b>Appendix 10</b></li> <li>Consider any other issues that have arisen.</li> </ul>		
	<ul style="list-style-type: none"> <li>Consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment.</li> <li>Consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria.</li> <li>Consider any other relevant compliance and welfare issues, such as:</li> </ul>		

	<ul style="list-style-type: none"> <li>– person’s health and wellbeing</li> <li>– any breaches of self-isolation requirement</li> <li>– issues raised during welfare checks (risk of self-harm, mental health issues)</li> <li>– actions taken to address issues</li> <li>– testing positive and whether cleared of COVID-19 results while in detention</li> <li>– any other material risks to the person.</li> </ul> <ul style="list-style-type: none"> <li>• To ascertain any medical, health or welfare issues, the Senior AO may need to liaise with on-site nurses and welfare staff and specialist areas within the department.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Review could identify that detention may no longer be required.</li> <li>• These matters will be provided to the Exemptions team for further consideration.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Record the outcomes of their review (high level notes) (for each 24-hour period) in the <b>COVID-19 Compliance Application</b>. This allows ongoing assessment of each detainee and consideration of their entire detention history.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Prepare a brief for the CHO. The brief will serve as a written notice that: <ul style="list-style-type: none"> <li>– a person has been made subject to detention</li> <li>– following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.</li> </ul> </li> <li>• The notice to the CHO must include: <ul style="list-style-type: none"> <li>– the name of the person being detained</li> <li>– statement as to the reason why the person is being, or continues to be, subject to detention.</li> </ul> </li> <li>• The brief should be approved by the ECC Commander</li> </ul>		Sections 200(7) and (8)
	<ul style="list-style-type: none"> <li>• Prepare brief from CHO to Minister to advise of notice received about detention and review.</li> <li>• The brief should be approved by the ECC Commander</li> </ul>		Section 200(9)

## 5.6 Departure – release from mandatory detention

The purpose is to ensure and confirm the person being detained:

- has completed their period of detention under the direction and detention notice
- is released in a timely and orderly manner.

### 5.6.1 Overview of departure

#### Pre-check out

Prior to release of a person being detained, AOs (with the help of hotel security) will provide each person exiting mandatory quarantine with either an:

- End of Detention Notice, **Appendix 7**
- End of Detention Notice (confirmed case/respiratory symptoms, Victorian resident), **Appendix 8**
- End of Detention Notice (confirmed and cleared case), **Appendix 9**
- End of Detention Notice for close contacts<sup>2</sup>, **Appendix 10**

Appropriate end of detention forms for each detainee will be prepared and delivered the preceding day by the AO Operations Support team, in consultation with public health operations.

Information about the release process such as timing (stages throughout a set time period on the day of release, check-out process, health check, planning and transport) will be coordinated by the hotel Team Leader.

#### Health check

- The health checks will be undertaken by nursing staff on the second last day prior to the 14-day period ending must be used to make an assessment of whether each person being detained is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their mandatory quarantine detention. However they may be asked to stay at the hotel until it can be confirmed whether they have COVID-19; a further detention order may be issued in discussion with legal and public health operations depending on the circumstance (eg planning to travel interstate). If they refuse to stay or are not further detained, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.
- If people have been diagnosed with COVID-19 during their quarantine, they will be subject to the Isolation (Diagnosis) directions and can only be released from these on receipt of a formal clearance letter from the Public Health Commander. These letters are sent to COVIDquarantine@dhhs.vic.gov.au for supply to the detainee. Once this letter has been received, the detainee should be released from detention even if this is before the end of the mandatory quarantine period with the appropriate form (appendix 9).
- If a confirmed case does not receive clearance before the end of the mandatory quarantine period, the public health operations team may permit them to travel home with appropriate PPE and transport precautions if they are Victorian residents. If they are residents of other states a further detention order may be issued in consultation with the public health and legal teams.

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<sup>2</sup> At the time of writing, plans for a new direction for close contacts are underway, which may result in changes to this.

### Day of release




- Security door knock on door of each person being release and advises people can check-out (around 1 hour before exit).

### 5.6.3 Checkout process overview (compliance check-out)

The release process will consist of an organised check out procedure (the compliance check-out). This means people being detained will be released in stages throughout a set time period on the day of release.

Security will bring travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.

**Table 9 AO role at check-out**

Step	Roles and responsibility	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>• Public Health Operations, via DHHS AO operations support team, to inform AO of detainees who are suspected or confirmed cases of COVID-19 (cleared or uncleared) and close contacts.</li> <li>• AO to note and to inform security COVID-19 cases will need separate check-out time and caution.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Request to see identification and the End of Detention notice from each person leaving detention.</li> <li>• Confirm the person's identification and room number on exit spreadsheet.</li> <li>• Confirm the period of detention and explain detention period has ceased, including highlighting other requirements and other Deputy Chief Health Officer directions.</li> <li>• Complete any outstanding details on the End of Detention notice, sign as necessary and return to the person.</li> <li>• Mark the person off on the exit spreadsheet as being released and request that they sign the list confirming discharge.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Provide exit list to AO Operations Support team for update in the COVID-19 Compliance Application (note this may be a data entry update after the process has been completed).</li> </ul>		

## 6. Exemption requests

### 6.1 Key points

- AOs must be aware of how requests for exemption from detention are escalated.
- DHHS case manager from Exemptions team will liaise with Senior AO regarding approved exemption request.

### 6.2 Exemption requests – overview


In limited circumstances, approval may be sought to undertake detention in another location, transit to another state/country or early release. **Generally, approvals are rarely granted.**

Requests for exemption from mandatory hotel detention may be considered before a person commences detention or while in detention. The Enforcement and Compliance Commander and/or Public Health Commander are responsible for approving and granting approvals to alter the way in which mandatory quarantine applies.




Numerous circumstances have been identified as likely to warrant consideration of early release or change of detention location. These include:

- Unaccompanied minors in transit to another state
- Unaccompanied minors where a parent or guardian does not agree to come into the hotel
- Foreign diplomats coming into the country
- ADF staff travelling for essential work
- People with a terminal illness
- People whose health and welfare cannot be accommodated in a hotel environment (e.g. mental health or requirements for in-facility health treatment)
- People who are transiting directly to another country (and who do not need to travel domestically first)
- Air crew
- Maritime workers who have come off a boat and will be leaving by boat
- Maritime workers who have come off a plane and will be leaving by boat within the quarantine period.

**Table 10 Process for exemptions prior to commencing, and during, detention**

Step	Roles and responsibility	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>• Person emails <a href="mailto:covidquarantine@dhhs.vic.gov.au">covidquarantine@dhhs.vic.gov.au</a> and explain the grounds for consideration of exemption<sup>3</sup>.</li> <li>• Person confirms flight details and arrival information before the matter is assessed.</li> </ul>		

<sup>3</sup> An onsite nurses or welfare staff can recommend the exemption for a person via covidquarantine email and outline why they believe an exemption should be considered. Unless impracticable the person on whose behalf the request has been made should be consulted considered. Unless impracticable the person on whose behalf the request has been made should be consulted.

	<ul style="list-style-type: none"> <li>• Exemptions team will consider the request and refer to the Enforcement and Compliance Commander for decision.</li> <li>• Exemptions case manager to: <ul style="list-style-type: none"> <li>– inform the senior AO if an exemption is granted so that relevant AO Airport Team Leader and AOs are informed (including correspondence)</li> <li>– arrange for compliance oversight with Victoria police</li> <li>– contact other jurisdictions (if transiting through Victoria).</li> </ul> </li> </ul>		
	<p>For those permitted to undertake detention at an alternative location, AOs will:</p> <ul style="list-style-type: none"> <li>• issue a Notice of Direction and Detention</li> <li>• record details in Compliance Application.</li> </ul>		200(2) and (4) 202(1)
	<p>For those provided with an exemption for international transit: the Senior AO will notify Airport AO and Australian Border Forces (ABF) prior to their arrival at the airport via a specific email with a specific subject title to:</p> <ul style="list-style-type: none"> <li>• :<a href="mailto:map.border.clearance@abf.gov.au">map.border.clearance@abf.gov.au</a>” and cc “NorthandWest.EOC@dhhs.vic.gov.au.</li> <li>• Email to be titled <i>Transit Passenger from Quarantine Hotel (DHHS)</i> and request assistance to collect released detainee for connecting transit flight to XXX. Email should include: <ul style="list-style-type: none"> <li>– full name (as per passport)</li> <li>– passport number</li> <li>– flight departure time</li> <li>– flight number</li> <li>– arrival time at T2 international departure.</li> </ul> </li> </ul>		

## Unaccompanied minors

Unaccompanied minors will be considered on a case-by-case basis. If an unaccompanied minor is detained in a hotel without parents or guardians, a specific process must apply.

There are three options:

- unaccompanied minor to undertake detention at an alternate location with parent or guardian
- unaccompanied minor to undertake detention in hotel with parent. The parent or guardian should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.
- unaccompanied minor to undertake detention in hotel under care of State (not preferred)

The primary issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. However, this is not preferred because of the intensive obligations imposed.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 5.***

**Table 11 Process for unaccompanied minors**

<b>Step</b>	<b>Roles and responsibility</b>	<b>Mandatory obligation</b>	<b>Section (PHWA)</b>
<b>When an unaccompanied minor normally resides outside Victoria</b>			
AO to request approval if not already obtained	<ul style="list-style-type: none"> <li>If Exemptions team has not granted approval, AO to notify Deputy Commander AO operations to escalate to Deputy Commander Policy and Exemptions</li> <li>Enforcement and Compliance Commander to assess urgently.</li> </ul>		
Assessment and decision	<ul style="list-style-type: none"> <li>Exemptions case manager to: <ul style="list-style-type: none"> <li>inform the Deputy Commander AO operations and AO Airport Team Leader of approval</li> <li>contact other jurisdictions (if transiting to a location outside Victoria)</li> <li>arrange appropriate risk management on a domestic flight out of Victoria.</li> </ul> </li> </ul>		
AO to issue Notice of Direction and Detention	<p>AO will:</p> <ul style="list-style-type: none"> <li>issue a Notice of Direction and Detention to undertake detention at an alternative location in Victoria</li> <li>permit transit to another state if minor normally resides outside Victoria</li> <li>record details in Compliance Application.</li> </ul>	Yes	200(2),(4) and 202(1)
<b>When minor resides in Victoria</b>			
AO to request approval if not already obtained	<ul style="list-style-type: none"> <li>If Exemptions team has not granted approval, AO to notify Deputy Commander AO operations to escalate to Deputy Commander Policy and Exemptions</li> <li>Enforcement and Compliance Commander to assess urgently.</li> </ul>		
Assessment and decision	<ul style="list-style-type: none"> <li>Exemptions case manager to: <ul style="list-style-type: none"> <li>inform the Deputy Commander AO operations and AO Airport Team Leader of approval</li> <li>arrange transport</li> <li>arrange for compliance oversight with Victoria police.</li> </ul> </li> </ul>		
AO to issue Notice of Direction and Detention	<ul style="list-style-type: none"> <li>Issue direction and detention notice to child and parent for: <ul style="list-style-type: none"> <li>alternate location (home and / or parts of the home); or</li> <li>hotel.</li> </ul> </li> </ul>	Yes	200(2), (4) and 202(1)



	<ul style="list-style-type: none"> <li>• Provide advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice provided to close contacts in quarantine),</li> </ul>		
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## Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division are available from: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- if it is after hours, contact the after hours child protection team on 13 12 78 if the AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

## 7. Permissions

### 7.1 Key points

- AOs can make decisions in consultation with their Senior AO or Deputy Commander AO operations for simple requests.
- AOs must complete a permission for temporary leave form and enter details in COVID-19 Compliance application.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

- for the purpose of attending a medical facility to receive medical care
- where it is reasonably necessary for physical or mental health
- on compassionate grounds
- emergency situations.

AOs should refer to the 'Permission for Temporary Leave from Detention' guide at **Appendix 2**.

### 7.2 AO to make decisions on certain permission requests on case-by-case basis

An AO in consultation with their Senior AO or Deputy Commander AO operations can make certain straightforward decisions about the following scenarios on a case-by-case:

- attendance at a funeral
- medical treatment
- seeing family members who have a terminal illness, (noting that there are directions on visiting care facilities and hospitals which must be complied with)
- smoke breaks where people are suffering extreme anxiety and where it is safe to do so from a public health/infection control perspective.
- exercise breaks where it is safe to do so.

Not all leave requests can be accommodated and may be site and resource dependent. Any arrangement for leave would need to meet public health, human rights requirements and balance the needs of the person.



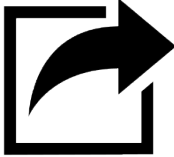


It is expected that those with medical needs, those seeking to attend a funeral or those with family members who are about to pass away are granted leave. The AO should confirm appropriate details before issuing permission to leave.


If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.

AOs are not responsible for transport arrangements. This is the responsibility of the DHHS Team Leader on-site. If a DHHS Team Leader is not on-site, please refer to the Operation Soteria Emergency Operations Centre at [DHHSOpSoteriaEOC@dhhs.vic.gov.au](mailto:DHHSOpSoteriaEOC@dhhs.vic.gov.au) and title the email "Referral to organise transport".

**Table 12 Process for temporary leave**

Step	Roles and responsibility	Mandatory	Section
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		obligation	(PHWA)
	<ul style="list-style-type: none"> <li>Senior AO to assess site for suitability of exercise and fresh air breaks.</li> <li>Senior AO to consider safety and security.</li> </ul>		
	<ul style="list-style-type: none"> <li>Person emails <a href="mailto:covidquarantine@dhhs.vic.gov.au">covidquarantine@dhhs.vic.gov.au</a> and explain the grounds for temporary leave.</li> </ul>		
	<ul style="list-style-type: none"> <li>Exemptions team to triage and forward to AO for decision</li> <li>Exemptions team to assess complex cases and inform AO</li> </ul>		
	<p>AO to make decision and consider:</p> <ul style="list-style-type: none"> <li>those who may be at risk without these breaks (this is the most important consideration for fresh air and exercise breaks)</li> <li>willingness and availability of security to oversee and facilitate exercise or other fresh air break (the number of security officers will determine how many people can undertake temporary leave, as well as the ability to ensure small groups by room are distanced accordingly)</li> <li>site layout, safety and capability to ensure persons are in a cordoned off area</li> <li>maintaining infection control, such as ensuring persons do not touch door handles or lift buttons</li> <li>adherence to exercise and smoking procedures</li> <li>checking whether the medical facility will accept the person, noting the Hospital Visitors Direction.</li> </ul>		
	<p>AOs to:</p> <ul style="list-style-type: none"> <li>instruct security on the dates and time permitted for leave</li> <li>provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public</li> <li>request the medical facility or hospital inform the AO prior to return (for medical temporary leave)</li> <li>prepare a <b>Permission for Temporary Leave from Detention Form (appendix 2)</b> and explain the leave obligations. For example: <ul style="list-style-type: none"> <li>a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes</li> <li>an exercise break is for a certain time and the person must return to their room following exercise or fresh air break</li> </ul> </li> </ul>		s.203(1)

	<ul style="list-style-type: none"> <li>warn the person that failure to comply with these directions is an offence</li> <li>ensure the person checks back into the hotel at specified time.</li> <li>seek feedback on implementation of temporary leave and note any issues raised.</li> </ul>		
	<p>If AO approves leave be granted, the AO:</p> <ul style="list-style-type: none"> <li>must keep records of Permission for Temporary Leave from detention forms for the person, <b>Appendix 2</b> and Register of permissions granted under 4(1) of the Directions and Detention Notice, <b>Appendix 11</b>, and</li> <li>enter in COVID-19 Compliance Application if available.</li> </ul>		

## 7.3 Emergency situations

**Table 13 Process for emergency leave**

Step	Roles and responsibility	Mandatory obligation	Section (PHWA)
Determine risk	<ul style="list-style-type: none"> <li>AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.</li> </ul>		
Evacuation	<ul style="list-style-type: none"> <li>Assist with immediate evacuation to common assembly point</li> <li>Contact Victoria police, emergency services and Deputy Commander AO operations to support</li> <li>Promote infection prevention and control and physical distancing principles if possible</li> <li>Account for all persons being detained at the assembly point by way of the register of persons in detention/COVID-19 compliance application</li> </ul>		

## 7.4 Procedure for a person in detention to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

### Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.

- Perform hand hygiene with alcohol-based hand sanitiser as they leave, this will require hand sanitiser to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- Return immediately to their hotel room following the break.

### **Guidance for security escort**

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water before each break;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (at least 1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based hand sanitiser or wash hands in soapy water at the end of each break and when they go home
- Ensure exercise is only undertaken in a cordoned off area with no public access or interaction.

### **Infection control considerations**

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

### **In addition:**

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

## 8. Compliance

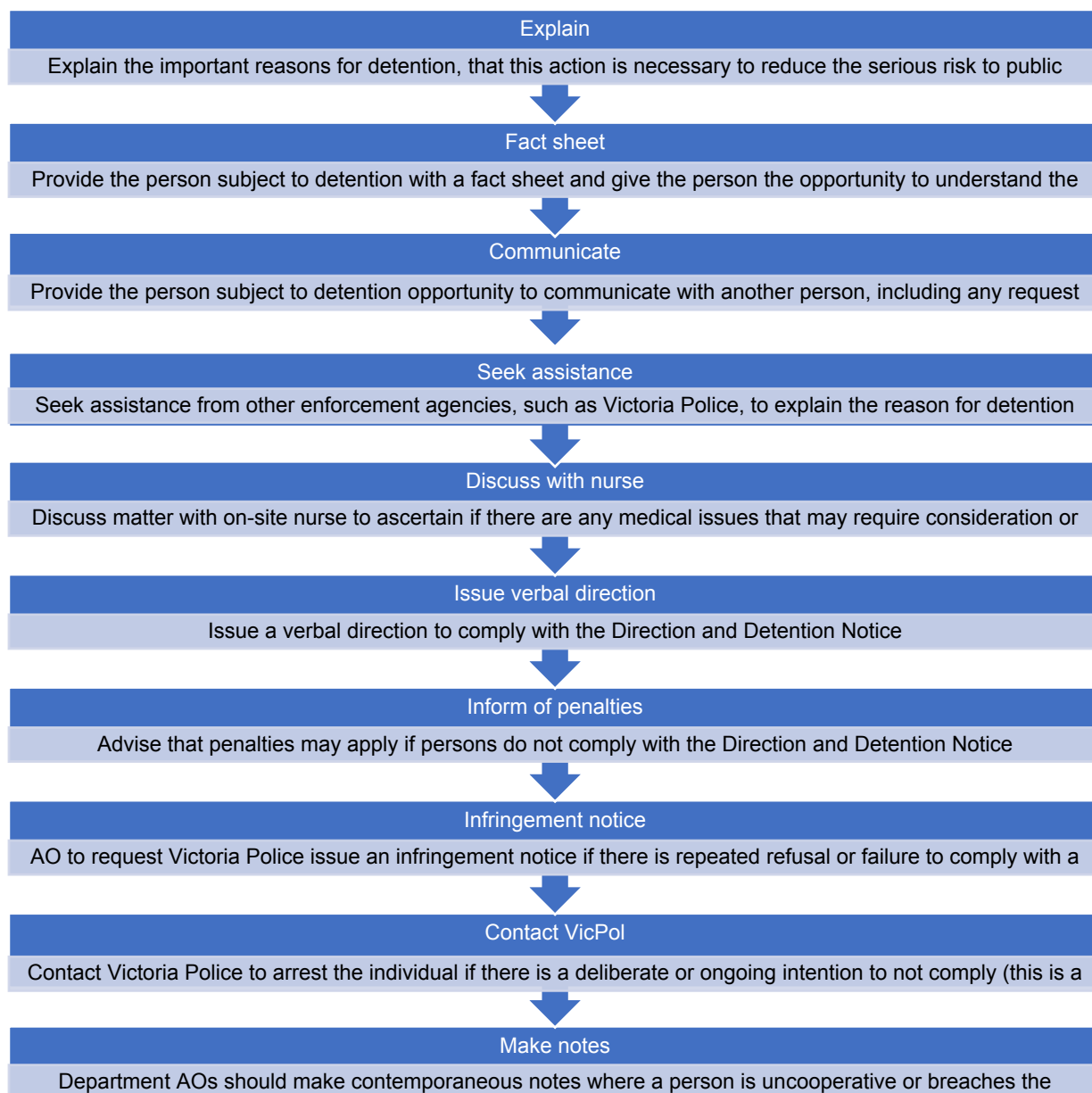
### 8.1 Key points

- AOs to apply a graduated approach to compliance.

### 8.2 Options to facilitate compliance

AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## 8.3 Unauthorised departure from accommodation

Table 14 AO roles in managing unauthorised departure from accommodation

Step	Roles and responsibilities	Mandatory obligation	Section (PHWA)
Notify and search	<ul style="list-style-type: none"> <li>AO to notify senior AO, on-site security and hotel management and request search.</li> </ul>		
Contact Victoria police	<ul style="list-style-type: none"> <li>AO to seek police assistance and notify the Deputy Commander AO Operations if the person is not found.</li> </ul>		
Identification and compliance	<p>If the person is located, AO to:</p> <ul style="list-style-type: none"> <li>seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave</li> <li>provide an opportunity for the person to explain the reason why they left their room</li> <li>assess the nature and extent of the breach, for example: <ul style="list-style-type: none"> <li>a walk to obtain fresh air</li> <li>a deliberate intention to leave the hotel</li> <li>mental health issues</li> <li>escaping emotional or physical violence.</li> </ul> </li> <li>consider issuing an official warning or infringement through Victoria Police</li> <li>reassess security arrangements.</li> </ul>		s.203(1)

## 8.4 Infringements

There are currently four infringement offences. These are:

Table 1 List of infringements

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188 (10 penalty units for a natural person and 30 penalty units for a body corporate without a reasonable excuse).	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate



## 9. Occupational health and safety (OHS) for Authorised Officers

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

### 9.1 Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents with the senior AO or the Deputy Commander AO operations.
- AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible

### 9.2 Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly. In some cases COVID-19 can cause death.

### 9.3 OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with senior AOs, the Deputy Commander AO operations, or **REDACTED**

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

#### 9.3.1 Fatigue

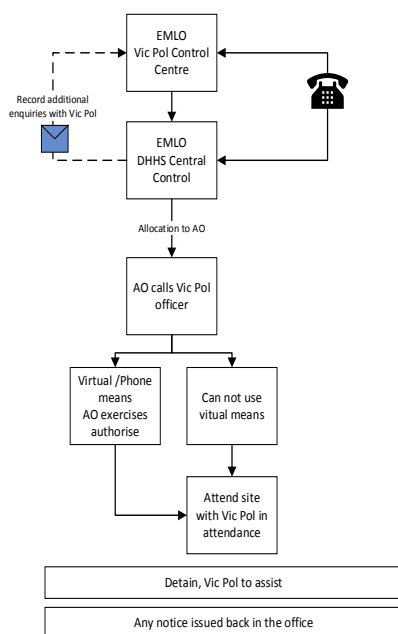
AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your senior AO or Deputy Commander AO operations.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.





## 9.4 Risk assessment before attendance at a site with Victoria Police

Officers must only take a direction to support Victoria Police with the approval of the Central DHHS Emergency Management Liaison Officer and a senior AO or the Deputy Commander AO operations.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing

medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

## 9.5 Personal measures to reduce risk the risk of exposure to COVID

### General

AOs must take steps to protect themselves from transmission of COVID-19 and adhere to physical distancing protocols wherever possible. Example include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quit.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your senior AO for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitiser.

### 9.5.1 AOs going onto floor of hotel

AOs going onto hotel floors with persons subject to detention must wear a surgical mask. There should be surgical masks for AO's at the hotels.

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

### 9.5.2 Relocating a confirmed case of COVID-19

- This process is led by the nurses/medical staff.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Security are present to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in a surgical mask and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO will then leave in a SEPARATE lift to the security/nursing staff.
- The DHHS Hotel staff can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

### 9.5.3 Measures and guides to enhance occupational health and safety

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is suspected or confirmed case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

### 9.6.4 Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>

Physical Injury	Low / Medium	Only attend a site with Victoria Police or with security.
Other infectious agents		Follow personal protective measures

## Appendix 1 – Script for plane/arrival

### **Suggested script before issuing a direction and detention notice**

*My Name is XXXX, I work for the Department of Health and Human Services Victoria and I am an Authorised Officer under the Public Health and Wellbeing Act. I am also authorised for the purposes of the emergency and public health risk powers in Victoria's current State of Emergency.*

*Because you have arrived in Victoria from overseas, when you disembark off this plane you will be issued with a direction and detention notice, which requires you to quarantine for a 14-day period at the hotel nominated on the notice.*

*Many of Victoria's cases of COVID-19 originate from overseas and international travellers so this action is necessary to ensure we reduce the serious risk to public health posed by COVID-19.*

*Refusal or failure to comply without reasonable excuse is an offence. There are penalties for not complying with the notice.*

*Once you have been issued with the notice, please keep it with you at all times.*

*We greatly appreciate your co-operation and assistance in these challenging times. Thank you again.*

## Appendix 2 - Permission for temporary leave from detention

### PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

#### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

#### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

#### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:  
**Name of facility:** \_\_\_\_\_  
**Time of admission/appointment:** \_\_\_\_\_  
**Reason for medical appointment:** \_\_\_\_\_
- (b) where it is reasonably necessary for physical or mental health:  
**Reason leave is necessary:** \_\_\_\_\_  
**Proposed activity/solution:** \_\_\_\_\_
- (c) on compassionate grounds:  
**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

## Specific details

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

## Offences and penalties

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 3 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for the person's physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.



# Appendix 4 Guidance: Exemptions under Commonwealth law



Australian Government  
Department of Health

Coronavirus disease  
(COVID-19)

## Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigation measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia **must** continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

### Aviation crew

#### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

#### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

#### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (08/04/2020)  
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

## Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

## Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

## Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

## Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

# Appendix 5 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

## Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Direction and Detention Notice Solo Children**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

## Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

## How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

## Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Direction and Detention Notices Solo Children deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Direction and Detention Notices Solo Children may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).

- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Direction and Detention Notices Solo Children are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Direction and Detention Notice Solo Children results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Direction and Detention Notices Solo Children are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Direction and Detention Notices Solo Children may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

## **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Direction and Detention Notice Solo Children will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.



## Appendix 6 Direction and Detention Notice – Solo Children

### DIRECTION AND DETENTION NOTICE SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*  
Section 200

#### Reason for this Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after 13 April 2020.

A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.

In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.

You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.

Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.

You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.

The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

#### Place and time of detention

You will be detained at:

**Hotel:** \_\_\_\_\_ (to be completed at place of arrival)

**Room No:** \_\_\_\_\_ (to be completed on arrival at hotel)

You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

### **Directions — transport to hotel**

You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

### **Conditions of your detention**

**You must not leave the room in any circumstances**, unless:

you have been granted permission to do so:

for the purposes of attending a medical facility to receive medical care; or  
where it is reasonably necessary for your physical or mental health; or  
on compassionate grounds; or

there is an emergency situation.

**You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

*Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*

(18) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

### **Review of your detention**

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

### **Special conditions because you are a solo child**

Because your parent or guardian is not with you in detention the following additional protections apply to you:

We will check on your welfare throughout the day and overnight.

We will ensure you get adequate food, either from your parents or elsewhere.

We will make sure you can communicate with your parents regularly.

We will try to facilitate remote education where it is being provided by your school.

We will communicate with your parents once a day.



**Offence and penalty**

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

---

**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 7: End of Detention Notice

### END OF DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

#### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### Details of Detention Notice

**Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>

**Date of Detainment and Detention Notice:** <<DETENTION START DATE>>

**Place of Detention:** <<HOTEL>> <<ROOM>>

#### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by <<DETENTION END DATE>>; and

you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on <<DETENTION END DATE>> at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 3) (**Direction**), as amended from time to time. Pursuant to the Direction, if you live in Victoria you are required to travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all

Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

## End of Detention Instructions

**You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sight your identification** and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you.**

Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

When leaving detention you **must** adhere to the following safeguards:

if provided to you, you **must** wear personal protective equipment;

you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;

you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and

upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

## 2 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

# Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

*Public Health and Wellbeing Act 2008 (Vic)*

## Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you *[have returned a positive test for COVID-19] or [have started displaying symptoms of respiratory illness]*.

### 1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after midnight on 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### 2. Details of End of Detention Notice

**Name of Detainee:** \_\_\_\_\_

**Date Notice Made:** \_\_\_\_\_

**Date Notice Expires:** \_\_\_\_\_

**Place of Detention:** \_\_\_\_\_

**Medical Facility:** \_\_\_\_\_

*(if medical care is required)*

**COVID-19 Status or respiratory illness symptoms** [tick applicable]:

COVID-19 confirmed: \_\_\_\_\_  coughing

*[insert date of test]*

fever or temperature in excess of 37.5 degrees  sore throat

congestion, in either the nasal sinuses or lungs  body aches

runny nose  fatigue

### 3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have noticed that you *[have been diagnosed with COVID-19] or [have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) [delete as applicable]*.

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- a) *[if applicable]* You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is

suitable for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;

- b) *[if applicable]* You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and
- c) You are ordinarily a resident in Victoria.

Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable]*.

The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

#### 4. Conditions

- You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]* by an Authorised Officer. You may / will *[delete as appropriate]* be supervised during transit.
- While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.
- You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.

#### 5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable]*, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 9: End of Detention Notice (confirmed and cleared case)

### END OF DETENTION NOTICE (confirmed and cleared case)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

#### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### Details of Detention Notice

**Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>

**Date of Detainment and Detention Notice:** <<DETENTION START DATE>>

**Place of Detention:** <<HOTEL>> <<ROOM>>

#### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by <<DETENTION END DATE>>; and  
 you have met the Department of Health and Human Services clearance criteria for COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on <<DETENTION END DATE>> at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 3) (**Direction**), as amended from time to time. Pursuant to the Direction, if you live in Victoria

you are required to travel directly to the premises where you ordinarily reside, and remain there unless you are leaving for one of the reasons listed in the Direction.

If you are a resident of another state arrangements will be made for you to return home. While you remain in the State of Victoria, you are required to comply with all Directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

### End of Detention Instructions

**You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sign your identification** and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you.**

Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

When leaving detention you **must** adhere to the following safeguards:

if provided to you, you **must** wear personal protective equipment;

you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;

you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and

upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

### 3 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_



As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

## Appendix 10: End of Detention Notice (close contact of a confirmed case)

### END OF DETENTION NOTICE

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

#### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### Details of Detention Notice

**Name of Detainee:** <<FIRST NAME>> <<LAST NAME>>

**Date of Detainment and Detention Notice:** <<DETENTION START DATE>>

**Place of Detention:** <<HOTEL>> <<ROOM>>

#### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by <<DETENTION END DATE>>; and

**you are a close contact of a confirmed case of COVID-19.**

In consideration of the above circumstances, I have decided that your continued detention in Victoria is not reasonably necessary to eliminate or reduce a serious risk to public health in Victoria.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on <<DETENTION END DATE>> at \_\_\_\_\_ after you have been discharged by an Authorised Officer and have commenced transportation to your ordinary residence.

Although you are no longer to be detained pursuant to the Notice, you are required to leave the State of Victoria immediately as well as well as comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (**Direction**), as amended from time

to time. Pursuant to the Direction, you are required to travel directly to the interstate premises where you ordinarily reside, while avoiding contact with other individuals and remain there until you are medically cleared by your local Public Health Unit.

Furthermore, once you have travelled interstate and returned to your home, you are required to comply with the Directions and/or Orders in place in that interstate jurisdiction, including any directions in that interstate jurisdiction that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

### End of Detention Instructions

**You must not leave your hotel room until you have been collected by Security** at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer who will **sign your identification** and discharge you from detention. **Security will give you approximately an hour notice of when they will collect you.**

Your detention **does not end** until the time stated in paragraph 3(4) of this notice which will be filled in by an authorised officer when you are discharged from detention. Until that time you must continue to abide by the requirements of your detention, as contained in the Notice.

When leaving detention you **must** adhere to the following safeguards:

if provided to you, you **must** wear personal protective equipment;

you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;

you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and

upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

### 4 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
Signature of Authorised Officer

Name of Authorised Officer: \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 11: Guidance Note

**How to conclude a person's detention under a *Direction and Detention Notice* if they have served the required period of detention, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge each person
- if a person's detention is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detention Notice
- update all the registers and relevant records about the person's detention arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

- It is preferable that an End of Detention Notice be issued the day before a person's detention is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.
- A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detention period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)

- if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

## Appendix 12: Charter of Human Rights obligations

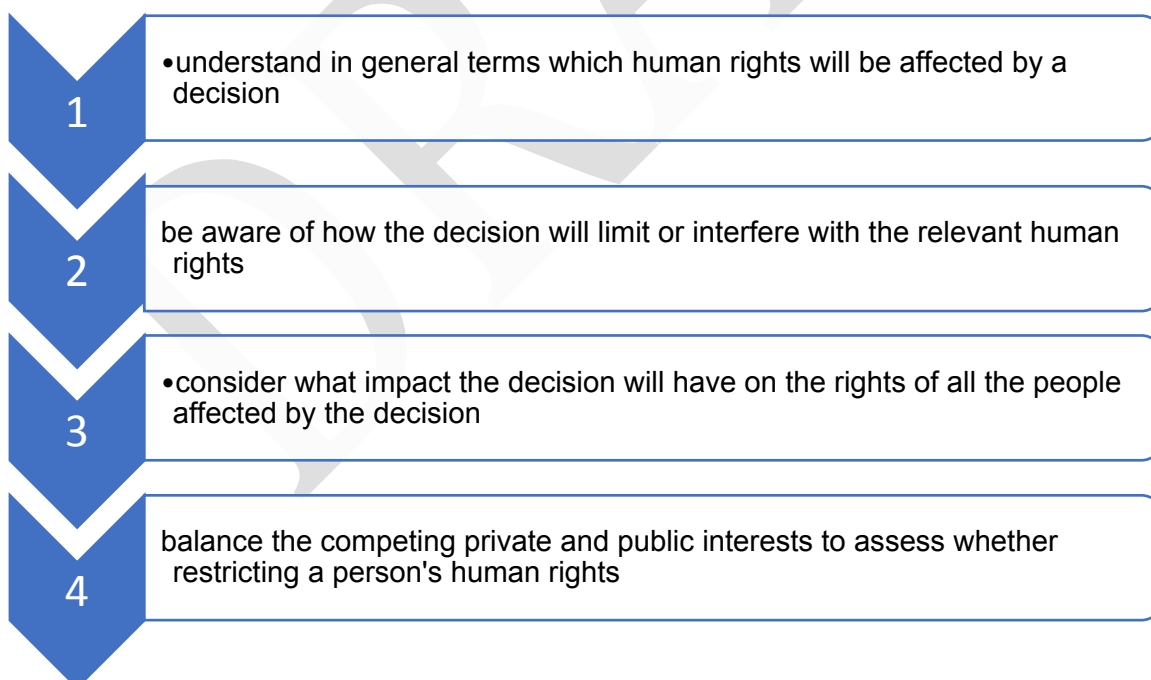
### Key points

- AO must act compatibly with human rights.
- AO must give 'proper consideration' to the human rights of any person(s) affected by an AO's decision.

### Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

### How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
Right to life	<ul style="list-style-type: none"> <li>• This includes a duty to take appropriate steps</li> </ul>

Charter Right	Obligation
	to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
<b>Right to protection from torture and cruel, inhuman or degrading treatment</b>	<ul style="list-style-type: none"> <li>• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>
<b>Right to freedom of movement</b>	<ul style="list-style-type: none"> <li>• while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas</li> </ul>
<b>Right to privacy and reputation</b>	<ul style="list-style-type: none"> <li>• this includes protecting the personal information of persons in detention and storing it securely</li> </ul>
<b>Right to protection of families and children</b>	<ul style="list-style-type: none"> <li>• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>
Property Rights	<ul style="list-style-type: none"> <li>• this includes ensuring the property of a person in detention is protected</li> </ul>
<b>Right to liberty and security of person</b>	<ul style="list-style-type: none"> <li>• this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence</li> </ul>
<b>Rights to humane treatment when deprived of liberty</b>	<ul style="list-style-type: none"> <li>• this includes treating persons in detention humanely.</li> </ul>

## Appendix 13 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

Ref No.	Date	Name of detained person	Reason	Time-Out	Time-In





# Operation Soteria

## Mandatory Quarantine for all Victorian Arrivals

### Approved for distribution

Emergency Management Commissioner	Signature	Date
Andrew Crisp		

### Distribution

State Control Team	As per planning contacts list:
Strategic Planning Committee	DHHS
EMJPIC	DJPR
State Relief & Recovery Team / CAOG	DPC
	VicPol
	Department of Transport

### Document Details

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0.1	Draft for initial discussion	Kaylene Jones / Angus Hindmarsh	-	Andrew Crisp	27 March 2020
0.2	Draft for release as version	Deb Abbott / Kaylene Jones	Operation Soteria Coordination meeting	Andrew Crisp	28 March 2020 - 1815 hours
1.0	Final Version released	Deb Abbott / Kaylene Jones	-	Andrew Crisp	28 March 2020 - 2000 hours
2.0	New version released	DHHS Deputy Commander	Public Health Commander  DHHS Commanders  State Controller - Health	Andrew Crisp	

## Abbreviations/Acronyms

ABF	Australian Border Force
AFP	Australian Federal Police
AV	Ambulance Victoria
DFAT	Department of Foreign Affairs and Trade
DHHS	Department of Health and Human Services
DJPR	Department of Jobs, Department of Jobs, Precincts and Regions
DoT	Department of Transport Department of Transport
EOC	Operations Soteria Emergency Operations Centre
EMV	Emergency Management Victoria Emergency Management Victoria
VicPol	Victoria Police Victoria Police

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# 1 Introduction

## 1.1 Purpose

The purpose of this plan is to document the arrangements in place under Operation Soteria, to achieve safe, authorised mandatory detention of returning travellers required to quarantine for 14 days on their arrival into Victoria.

## 1.2 Scope

This document addresses the legislative and operational requirements for maintaining returned travellers in mandatory detention.

## 1.3 Audience

This document is intended for use by DHHS staff, and staff from all other departments and organisations involved in Operation Soteria.

## 1.4 Background

Australian National Cabinet directed that all passengers returning from international destinations who arrive in Australia after midnight on Saturday 28 March 2020 are to undergo 14 days enforced quarantine in hotels to curb the spread of COVID-19. Passengers are to be quarantined in the city in which they land, irrespective of where they live.

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the *Public Health and Wellbeing Act 2008* (PHWA). See <https://www.dhhs.vic.gov.au/state-emergency>

The objectives for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the health and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## 1.5 Mission

To implement the safe and secure mandatory quarantine measures for all passengers entering Victoria through international air and sea points-of-entry to stop the spread of COVID-19.

## 1.6 Inter-agency cooperation

Agencies engaged to deliver Operation Soteria include:

- Department of Health and Human Services (DHHS)
- Department of Jobs, Precincts and Regions (DJPR)
- Department of Foreign Affairs and Trade (DFAT)
- Department of Transport (DoT)
- Ambulance Victoria (AV)
- Australian Border Force (ABF)
- Australian Federal Police (AFP)
- Victoria Police (VicPol)

## 1.7 Process Flow

The process flow for Operation is structured in five phases, including a preliminary phase.

These phases include the following:

- **Preliminary Phase (Plan & Prepare)** – identify incoming passengers and required hotel selection, and prepare for passenger arrival
- **Phase 1 (On the Flight)** – manage / process exemption requests and confirm passenger manifest
- **Phase 2 (Landed)** – Passengers land and are issued Detention Notices and are triaged. Passengers (Detainees) are transferred to Quarantine Hotels (or hospital if required)
- **Phase 3 (Arrival at Hotel)** – Passengers receive health checks, check in, provide completed questionnaires and specialist needs managed
- **Phase 4 (Quarantined)** – Passengers are quarantined in their hotel rooms and are provided with case management where health, welfare, FV, MH, etc issues arise. Quarantine compliance is also managed
- **Phase 5 (Exit)** – Managed release from quarantine, exit transfer and specialist case management. This also includes specialist hotel cleaning and refurbishment

See **Appendix 1** for an expanded description of the phases.

## 2 Governance

### 2.1 Governance

Operation Soteria is led by the Deputy State Controller (Operation Soteria) working to the State Controller – Health, to give effect to the decisions and directions of the Public Health Commander and Enforcement and Compliance Commander. Support agencies, including Department of Transport, Victoria Police, Department of Premier and Cabinet support the Department of Health and Human Services as the control agency for COVID-19 pandemic class 2 public health emergency, as outlined in section 2.3.

Operational leads will meet daily (or more frequently as required) for the duration of the operation to ensure combined oversight of the operation. Meetings will be coordinated by SCC support and chaired by the Deputy State Controller – Health. Membership includes:

- State Controller - Health
- Deputy State Controller – Health
- Public Health Commander
- DHHS Enforcement and Compliance Commander
- DHHS COVID-19 Accommodation Commander
- DHHS Agency Commander
- DJPR Agency Commander
- SCC Strategic Communications
- Department of Premier and Cabinet representative
- Department of Transport representative
- Senior Police Liaison Officer – Victoria Police

### 2.2 Legislative powers

The *Public Health and Wellbeing Act 2008* (Vic) (the **Act**) contains the legislative powers that Operation Soteria gives effect to under the state of emergency has been declared under section 198 of the Act, because of the serious risk to public health posed by COVID-19.

Operation Soteria seeks to mitigate the serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.

In accordance with section 200(1)(a) of the Act, all people travelling to Victoria from overseas will be detained at a hotel specified in the relevant clause in their detention notice, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health.

Having regard to the medical advice, 14 days is the period reasonably required to ensure that returned travellers have not contracted COVID-19 as a result of their overseas travel.

Returned travellers must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.

Under sections 200(7) and (9) of the Act, the Chief Health Officer is notified of the detention of returned travellers, and must advise the Minister for Health.

## 2.2 Organisational Structure

A diagram indicating the governance of strategy / policy and operation of the mandatory quarantine program is shown in Figure 2 below.

**Appendix 2** provides an overview of the Enforcement and Compliance Command structure and **Appendix 3** the COVID-19 Accommodations Command Emergency Operations Centre structures.

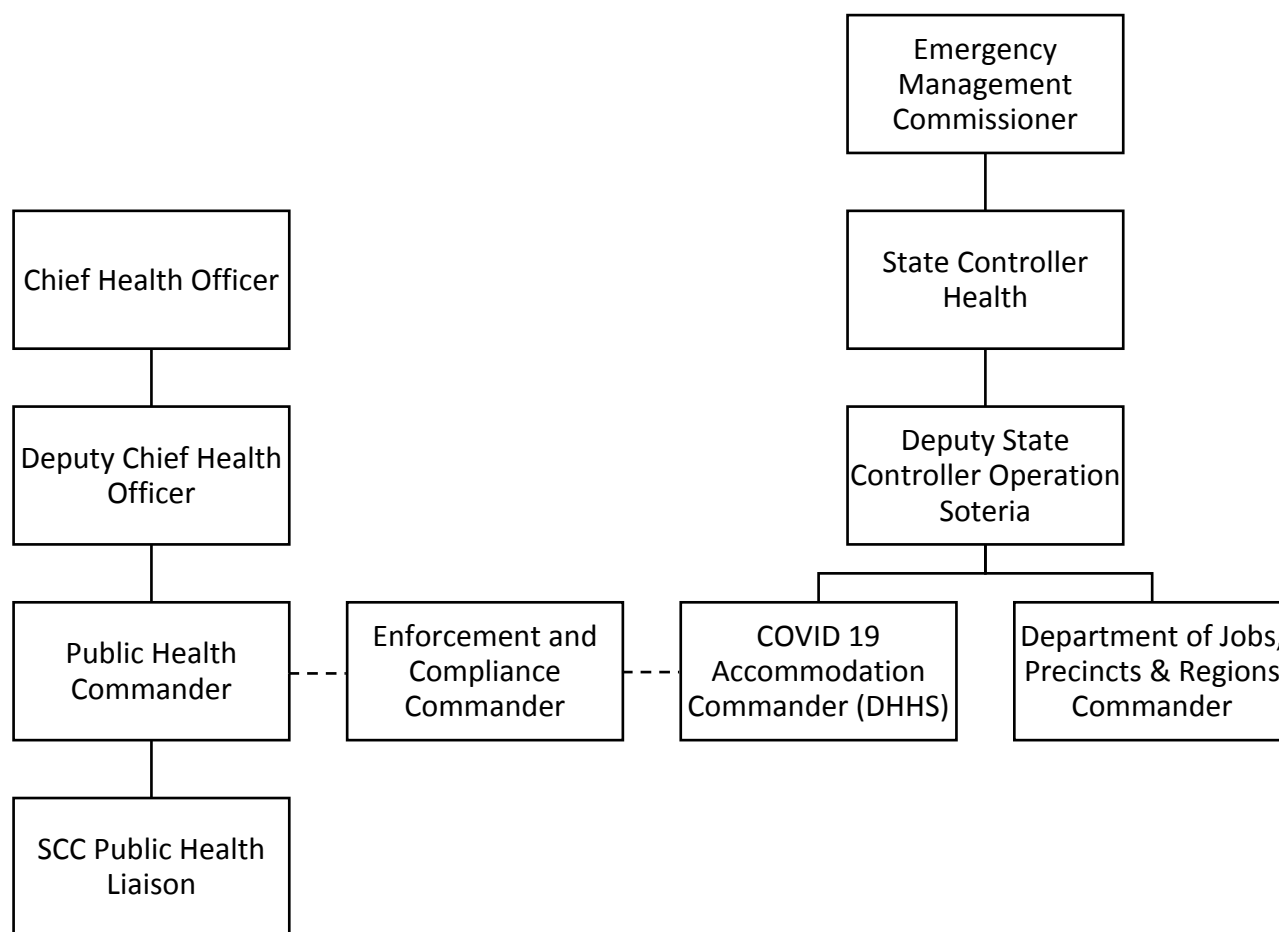


Figure 1: Operation Soteria governance structure

## 2.3 Roles and Responsibilities

The Emergency Management Commissioner is responsible for approving this plan for distribution.

The Public Health Commander (through the Deputy Public Health Commander / delegate) is responsible for approving this plan, in consultation with the Enforcement and Compliance Commander, Commander COVID-19 Accommodation, the State Health Coordinator and the State Controller – Health.

The State Controller - Health (through the Deputy State Controller Operations Soteria), operating through the Commander COVID-19 Accommodation has operational accountability for the quarantine accommodation of returned travellers.

The DHHS Commander COVID-19 Accommodation is responsible for:

- provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff;
- ensuring a safe detention environment at all times.
- provision of healthcare to individuals in mandatory quarantine.

## 2.4 Department of Health and Human Services (DHHS)

DHHS, as the control agency for the COVID-19 pandemic Class 2 public health emergency, has responsibility for the oversight and coordination of Operation Soteria.

### 2.4.1 Airside operations - biosecurity

- Oversee as instructed by the Human Biosecurity Officer - **Ports of Operation lead, Public Health Incident Management Team**

### 2.4.2 Airport Operations - reception

- Detention notice issued by Authorised Officers (see Appendix 1) – **DHHS Compliance (AOs)**
- Provision of and conduct of health screening and other well-being services (including psycho-social support) – **DHHS Ports of Entry – Reception (EOC)**
- Arrangement of patient transport services – **DHHS Ports of Entry - Reception (EOC)**
- Provision of personal protective equipment for passengers – **DHHS Port of Entry - Reception (EOC)**
- Registration and initial needs identification of passengers for State-side use/application – **DHHS Ports of Entry - Reception (EOC)**
- Provision of information pack and food/water to passengers - **joint contributions: DHHS Ports of Entry - Reception (EOC)/Department Jobs, Precincts and Regions (DJPR)/VicPol**

### 2.4.3 Public Health Directions

- Assessment of inquiries and requests relating to directions – **DHHS Directions**
- Enforcement of mandatory detention directions – **DHHS Compliance (AOs)**
- Policy and processes relating to public health including use of Personal Protective Equipment and quarantine requirements for positive and non-positive passengers from the repatriation flight and provide health advice to key stakeholders involved in their care - **DHHS Public Health Command**

### 2.4.4 Health Coordination

- Maintenance of overall situational awareness of impacts to health services and support for the appropriate implementation of the model of care for those in isolation - **DHHS Health Coordination**

### 2.4.5 Health and Wellbeing of passengers at accommodation

- Prepare for incoming passenger accommodation registration – **DHHS Detention Hotels (EOC) with DJPR**
- Reception parties established to coordinate movement of passengers from transport into accommodation - **DHHS Ports of Entry – Reception (EOC) with DJPR**
- Detailed identification of, capture and management of welfare needs – **DHHS Detention Hotels (EOC) with DJPR**
- Reception parties established and coordinated at identified accommodation – **DHHS Detention Hotels (EOC) with DJPR**
- Detailed identification of, capture and management of welfare needs at hotels – **DHHS Detention Hotels (EOC) with DJPR**
- Detailed identification of, capture and management of special/social needs - **DHHS Detention Hotels (EOC) with DJPR**
- Establish access to 24/7 medical and nursing support at accommodation points to support passengers with medical and pharmaceutical needs - **DHHS Health Coordination (EOC)**
- Provision of regular welfare calls to all quarantined passengers and support to meet identified needs, such as psychosocial, mental health, family violence - **DHHS Welfare (EOC)**
- Arrangements for any health and welfare needs including ongoing psychosocial support – **DHHS Detention Hotels (EOC)**



- Permissions for temporary leave from place of detention – **DHHS Compliance (AOs)**
- Conduct of voluntary health reviews to allow release back into the community – **DHHS Detention Hotels**
- Advise DoT and VicPol on numbers of passengers scheduled to exit quarantine – **DHHS Detention Hotels**
- Issuing of release documents and legal release of detainees from detention **DHHS Compliance (AOs)**.

#### **2.4.6 Communications including public communications**

- DHHS will manage communications according to the Operation Soteria Communication Plan.

## **2.5 Australian Federal Police (AFP)/Australian Border Force (ABF)**

REDACTED

#### **2.5.1 Airside operations**

- Melbourne airport security and customs liaison
- Provide passengers with required information about Direction/requirements
- Collection of entry data (manifest)
- Marshall passengers in an area that is secure and be able to facilitate health screening
- Establish arrivals area for transport
- Marshall Passengers for boarding
- Assist boarding of passengers onto bus transport airside
- Escort bus transports to accommodation

## **2.6 AFP**

- Escort bus transports to assigned accommodation
- Transfer manifest to VicPol on arrival at accommodation

## **2.7 Department of Foreign Affairs and Trade**

- The Department of Home Affairs (DFAT) assesses and approves all applications for returning Australians.

## **2.8 Department of Transport (DoT)**

- The transport provider Skybus has been engaged to transport passengers (who do not have any immediate health needs requiring hospitalisation) to quarantine accommodation.
- Provision of transport to passengers to airport or approved transit location.
- Skybus and other DoT solutions tasked in accordance with projected arrivals and exits from quarantine accommodation
- Ensure transport of passengers (who do not have any immediate health needs requiring hospitalisation) between point of entry, to quarantine accommodation and returning to approved transit location following exit from quarantine accommodation

## 2.9 Ambulance Victoria

- AV has responsibility for pre-hospital care and transport of passengers where required.

## 2.10 Victoria Police (VicPol)

- Victoria Police provide support to AFP, DHHS and DJPR for enforcement and compliance issues.
- Provision of support to private security as required

REDACTED

- Security and management of passenger disembarkation from transport to accommodation
- Marshalling and security of incoming passengers
- Receive manifest and passengers from AFP on arrival at accommodation

## 2.11 Department of Jobs, Precincts & Regions (DJPR)

DJPR has responsibility for sourcing appropriate accommodation contracts (including food, concierge and security) to support mandatory passenger isolation and providing ongoing support to passengers for these needs.

- Manage accommodation contracts
- Manage transport arrangements/contracts for deliveries (ie: Commercial Passenger Vehicles)
- Manage private security contracts to enforce quarantine requirements at accommodation
- Reception parties established to coordinate movement of passengers from transport into accommodation- with DHHS Accommodation
- Reception parties established and coordinated at identified accommodation –with DHHS Accommodation
- Prepare for incoming passenger accommodation registration –with DHHS Accommodation
- Passenger data reconciled with airside entry data
- Detailed identification of, capture and management of welfare needs- with DHHS Accommodation
- Detailed identification of, capture and management of special/social needs (with DHHS)
- Management of services for all passengers including food, amenities and transport for deliveries.

## 3 Detention Authorisation

**Section approver:** Enforcement and Compliance Commander.

**Last review date:** 24 April 2020

### 3.1 Purpose

The purpose of this Detention Authorisation section is to:

- assist and guide departmental Authorised Officers (AOs) to undertake compliance and enforcement functions and procedures for the direction and detention notice issued under the *Public Health and Wellbeing Act 2008* (PHWA).
- provide clarity about the role and function of AOs.

### 3.2 Processes may be subject to change

- It is acknowledged that the COVID-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.
- To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.
- This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

### 3.3 Enforcement and Compliance Command for Mandatory Quarantine

#### **Deliverables of the enforcement and compliance function**

Enforcement and Compliance Command is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

#### **Authorised officer\* and Chief Health Officer obligations**

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. The CHO has not authorised council Environmental Health Officers to exercise emergency powers.

### 3.4 Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all

person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

## 3.5 Exemptions and exceptional circumstances

Detainees may seek to be exempt from detention or have alternative arrangements for detention. The ECC will consider these where exceptional circumstances exist and where the health and wellbeing of the individual is unable to be met within the hotel environment. These are approved under the authorised approvals outlined in the policy in **Annex 1**.

## 3.6 Obligations under the Charter of Human Rights and Responsibilities Act 2006

Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions. This is outlined in the [Charter of Human Rights obligations](#) document.

## 3.7 Processes and Procedures

To assist the delivery of operations a set of Standard Operating Procedures (SOP) has been developed which outlines the powers, authority and responsibilities of the Authorised officer to provide safe, efficient and effective activities at Ports of Entry and Quarantine Hotels. This set of SOPs is designed to be a 'one stop shop' for Authorised Officers for the provision of duties and activities and services.

The document containing the SOPs will also contain hyperlinks to more detailed procedures and processes. The document is contained at:

- **Annex 1:** Operation Soteria – Authorised Officer Standard Operating Procedures

### 3.7.1 Enforcement and compliance information

Further information is available at the links below

- [At a glance: Roles and responsibilities](#)
- [Authorised officers: Operational contacts](#)
- [Authorised officers: Powers and obligations](#)
- [Authorised officers: Charter of Human Rights obligations](#)
- [Authorised officers: Responsibilities at the Airport](#)
- [Authorised officers: Responsibilities at the Hotel](#)
- [Authorised officers: Responsibilities for departure from mandatory detention](#)
- [End of Detention Notice](#)
- [End of Detention Notice \(confirmed case or respiratory illness symptoms\)](#)
- [Compliance and Infringements](#)
- [Authorised officers: Occupational Health and Safety](#)
- [Unaccompanied minors](#)

- [Direction and Detention Notice – Solo Children](#)
- [Ensuring physical and mental welfare of international arrivals in individual detention \(unaccompanied minors\)](#)
- [Management of an unwell person at the airport](#)
- [Transfer of an uncooperative person](#)
- [Request for exemption or temporary leave from quarantine](#)
- [Permission for temporary leave from detention](#)
- [Requests for to leave room/facility for exercise or smoking](#)
- [Hospital transfer plan](#)
- [Hospital and Pharmacy contacts for each hotel](#)



## 4 Operations

**Section approver:** COVID-19 Accommodation Commander.

**Last review date:** 24 April 2020

### 4.1 Purpose

This set of standard operating procedures outlines the activities and actions required to provide safe, efficient and effective hotel operations for those persons arriving in Australia via Victoria requiring Mandatory Quarantine. This set of procedures is also designed as a one stop shop for the Team Leaders at ports of entry (both air and sea) and Hotel operations as well as the broader team members. This will enable the efficient and effective provision of day to day services and activities required to operationally achieve Operation Soteria.

### 4.2 Method

This plan will outline the operational (including basic health and welfare) arrangements for people in mandatory quarantine as part of Operation Soteria. This has been conducted through:

- **Preliminary planning** to identify and develop the organisational structures, physical resources and systems required to enact the operation efficiently and effectively.
- **Reception** of passengers entering Australia via Victorian international air or marine ports. Passengers transit customs, are issued a Quarantine Order, are medically assessed and are transferred via bus from their port of entry to a Quarantine Hotel.
- **Accommodation** begins when the passengers disembark from the bus at their allotted Quarantine Hotel to begin their 14-day isolation period. Passenger data is reconciled with air/sea-port arrival data, and they are screened for special/social/welfare/medical/pharmaceutical/food needs. Passengers are allocated accommodation and checked in to the hotel. Passengers are provided with regular welfare calls and special needs identified. Mandatory detention is enforced by DHHS via authorised officers.
- **Return to the Community** begins when the guest is reviewed for exit (14 days is elapsed), and involves assessment of whether passengers are safe to enter the Victorian community. Passengers released are briefed, exit quarantine and are transported to an approved transit location, which can include transferring passengers back to the airport for onward air movement.

To oversee these operations, an Emergency Control Centre (EOC) has been established. The role of the EOC is to ensure appropriate and timely coordination and resourcing of the international Ports of Entry into Victoria, and the Quarantine Hotels.

An organisational structure of the EOC and hotels on-site structure is attached at **Appendix 3**. The EOC is located at 145 Smith Street Fitzroy.

The EOC will also coordinate the de-escalation of Operation Soteria.

### 4.3 Processes and Procedures

To assist the delivery of operations a set of Standard Operating Procedures (SOP) has been developed which outlines the activities, actions and forms required to provide safe, efficient and effective Port of Entry and Quarantine Hotel operations. This set of SOPs is designed to be a 'one stop shop' for Team Leaders and members, and EOC staff for the provision of day to day activities and services.

The document containing the SOPs will also contain hyperlinks to more detailed procedures and processes. The document is contained at:

- **Annex 2:** Operation Soteria – Operations Standard Operating Procedures

## 5 Health and Welfare

**Section approver:** Public Health Commander.

**Last review date:** 24 April 2020

### 5.1 Purpose

The health and welfare of persons in detention is of the highest priorities under Operation Soteria.

The Health and Welfare arrangements is based on a set of Public Health Standards for care of returned travellers in mandatory quarantine and Guidelines for managing COVID-19 in mandatory quarantine.

#### **Clinical governance framework**

The clinical governance framework for Operation Soteria will ensure that returned passengers in mandatory quarantine receive safe, effective and high-quality care that is consistent with best practice.

This framework integrates existing public health and operational oversight of the nursing, welfare, medical and mental health care provided to people in mandatory quarantine.

The framework ensures that risk from quarantine for individuals, families and the entirety of the passenger group in mandatory quarantine is proactively identified and managed. Information from welfare, nursing, mental health and medical providers will be provided in a secure digital tool which protects passengers' confidentiality and privacy.

This information will be available in real-time to Public Health Command and to Operational Command. Additionally a daily clinical governance report will identify compliance with Health & Welfare Standards. The daily clinical governance report will also identify and address individual health and welfare issues to ensure that passengers are receiving the right care in the right place at the right time, and that health and welfare staff are able to work safely and effectively to deliver care.

### 5.2 Standards

The Public Health Standards for care of returned travellers in mandatory quarantine have been developed to ensure that ADEQUATE, APPROPRIATE and TIMELY measures are established and delivered to care for the health and welfare of quarantined persons.

Each standard is composed of a series of criteria to underpin the care of quarantined persons and a suite of indicators to monitor and evaluate the delivery of services. These standards, in Annex 3, include:

#### **Standard 1. Rights of people in mandatory quarantine**

Criterion 1.1 Charter of Human Rights and Responsibilities

Criterion 1.2 People with disabilities

Criterion 1.3 Use of translators

Criterion 1.4 Feedback and complaints process

#### **Standard 2. Screening and follow up of health and welfare risk factors**

Criterion 2.1 Health and welfare risk factors

Criterion 2.2 Schedule for screening

Criterion 2.3 Methods of screening

Criterion 2.4 Staff undertaking screening

Criterion 2.5 Risk assessment and follow up of persons 'at risk'

### **Standard 3. Provision of health and welfare services**

Criterion 3.1 Meeting the needs of people in mandatory quarantine

Criterion 3.2 Provision of on-site clinical services

Criterion 3.3 Provision of welfare services

Criterion 3.4 Provision of pharmacy and pathology services

Criterion 3.5 COVID-19 guidelines in mandatory quarantine

### **Standard 4. Health promotion and preventive care**

Criterion 4.1 Smoking

Criterion 4.2 Fresh air

Criterion 4.3 Exercise

Criterion 4.4 Alcohol and drugs

### **Standard 5. Infection control**

Criterion 5.1 Personal protective equipment (PPE)

Criterion 5.2 Cleaning and waste disposal

Criterion 5.3 Laundry

Criterion 5.4 Isolation protocols

### **Standard 6. Allergies and dietary requirements**

### **Standard 7. Information and data management (including medical records)**

Criterion 7.1 Confidentiality and privacy of personal information (including medical records)

Criterion 7.2 Information security

Criterion 7.3 Transfer of personal information (including medical records)

Criterion 7.4 Retention of personal information (including medical records)

### **Standard 8. Health and welfare reporting to the Public Health Commander**

## **5.3 Guidelines**

The 'Guidelines for managing COVID-19 in mandatory quarantine' have been developed to ensure that public health management principles and processes are outlined for each stage of the mandatory quarantine process. They have been written to follow the path of a returned traveller entering mandatory quarantine.

They are intended for use by DHHS staff, healthcare workers and other departments involved in the care of individuals detained in mandatory quarantine. They will be updated as internal processes change.

### **At the airport**

#### **Airport health screening**

#### **Management of an unwell person at the airport**



**Refusal of testing**

- At the airport
- At the hotel

**At the hotel****Quarantine and isolation arrangements**

- Accommodation options to promote effective quarantine
- Room sharing
- COVID floors and hotels

**Confirmed cases entering detention**

- Current infectious cases
- Recovered cases

**Throughout detention****Clinical assessment and testing for COVID-19**

- Timing of testing
- Pathology arrangements
- Communication of results

**Case management**

- Management of suspected cases
- Management of confirmed cases

**Hospital transfer plan**

- Transfer from hospital to hotel

**Exiting detention****Release from isolation**

- Criteria for release from isolation
- Process for release from isolation
- Release from detention of a confirmed case

**Exit arrangements**

- Suspected cases
- Confirmed cases
- Quarantine domestic travel checklist
- Care after release from mandatory quarantine

**Operational guidance for mandatory quarantine**

- Process for mandatory hotel quarantine
- Quarantined individual becomes a confirmed case
- Quarantined individual becomes a close contact

**Infection control and hygiene**

- Cleaning
- Laundry

- Personal protective equipment

Further information is available at the links below

- [Infection control and hygiene](#)
- [Personal protective equipment](#)
- [Authorised officers: Occupational Health and Safety](#)
- [Hospital transfer plan](#)
- [Nutrition and food safety \(including allergies\),](#)
- [Process for people with food allergies,](#)
- [Meal order information for people with food allergies,](#)
- [Food Safety Questionnaire](#)

Further information is available at the links below:

- [Hospital and Pharmacy contacts for each hotel](#)
- [Standards for healthcare and welfare provision](#)
- [Provision of welfare](#)
- [Separation of people in travelling parties to promote effective quarantine: options for accommodation](#)
- [Health and welfare assessments \(arrival, during detention, preparation for discharge\)](#)
- [Confirmed cases of COVID-19 in people in mandatory quarantine](#)
- [Escalation and Reporting of health and welfare concerns](#)
- [Infection control and hygiene](#)
- [Personal protective equipment](#)
- [Food allergies](#)
- [Nutrition and food safety \(including allergies\),](#)
- [Process for people with food allergies,](#)
- [Meal order information for people with food allergies,](#)
- [Food Safety Questionnaire](#)
- [Release Process 'Running Sheet'](#)
- [Welfare survey](#)
- [COVID-19 Victorian Hotel Isolation: Reimbursement Form for meal purchases](#)
- [Register of permissions granted under 4\(1\) of the Direction and Detention Notice](#)
- [Operations contact list](#)
- [Outline of agency involvement across the stages of enforced quarantine](#)

## 6 Information and Data Management

### 6.1 Information management systems

The number of secure databases used for the storage and handling of confidential data on people in detention is minimised to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this operation:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software (see 3.3);
- Paper records (where necessary).

### 6.2 Data access, storage and security

The State Controller - Health, DHHS Commander COVID-19 Accommodation (or delegate) and Public Health Commander (or delegate) are authorised to access any record within these systems to enable oversight of the health and welfare of people in detention.

Information on people arriving internationally is shared with DHHS by DJPR to enable the operational functions under sections 3-5. While multiple applications/systems may be used during the operation, all information will be uploaded to PHESS, which will then hold the complete medical and compliance records for a person who was in detention in Victoria as part of this operation.

#### 6.2.1 Privacy

Respecting the privacy of individuals who are detained under this operation is an important consideration, as information collected contains personal details and other sensitive information.

DHHS staff must comply with the Department of Health and Human Services privacy policy whenever personal and/or health information about passengers/detainees, staff or others is collected, stored, transmitted, shared, used or disclosed.

The privacy policy is an integrated policy, which supports the sensitive protection and management of personal information and seeks to meet the legislative requirements of the *Privacy and Data Protection Act 2014* and *Health Records Act 2001*. Information relating to privacy is available at [intranet.dhhs.vic.gov.au/privacy](https://intranet.dhhs.vic.gov.au/privacy).

#### 6.2.2 Sending information by email

For communication within the department, there are risks to privacy in sending information by email. These include misdirection due to errors in typing the address and the ease of copying, forwarding, amending or disclosing emailed information to others. Care should be taken with the list of addressees, and the title of the email should not contain any identifying information.

#### 6.2.3 Electronic security of passenger/detainee information

In addition to email, passenger/detainee information is stored, accessed and transmitted using systems and devices such as computers, laptops, and smartphones. These systems and devices must be as carefully protected as the passenger/detainee information itself.

An 'information security incident' occurs when the security of the information, system or device is compromised. Some examples of these incidents are:

- the details of a passenger is accidentally sent to the wrong email address
- a case worker's smartphone is lost or stolen and there was information about a passenger/detainee stored on it
- a virus infects a computer that stores or accesses passenger/detainee information.

Information security incidents must be reported to the Emergency Operations Centre who, in turn, will report it to the IT Service Centre.

## 6.3 Medical records

Medi7 is currently implementing a Best Practice medical record system for record-keeping. This will be uploaded to the DHHS Dynamic CRM Database.

### 6.3.1 Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record captures the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

### 6.3.2 Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. The records will belong to DHHS and can be required to be provided at any time by the medical service contractor to DHHS for review, from the Best Practice software.

These records should be stored securely and should not be accessed by anyone not providing care for the person. Specifically, these medical records must only be accessed or viewed by an AHPRA-registered health practitioner employed by DHHS to provide services to people in detention, an authorised officer, or the Public Health Commander, State Controller - Health, DHHS Commander COVID-19 Accommodation or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller - Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment, they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID-19 (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

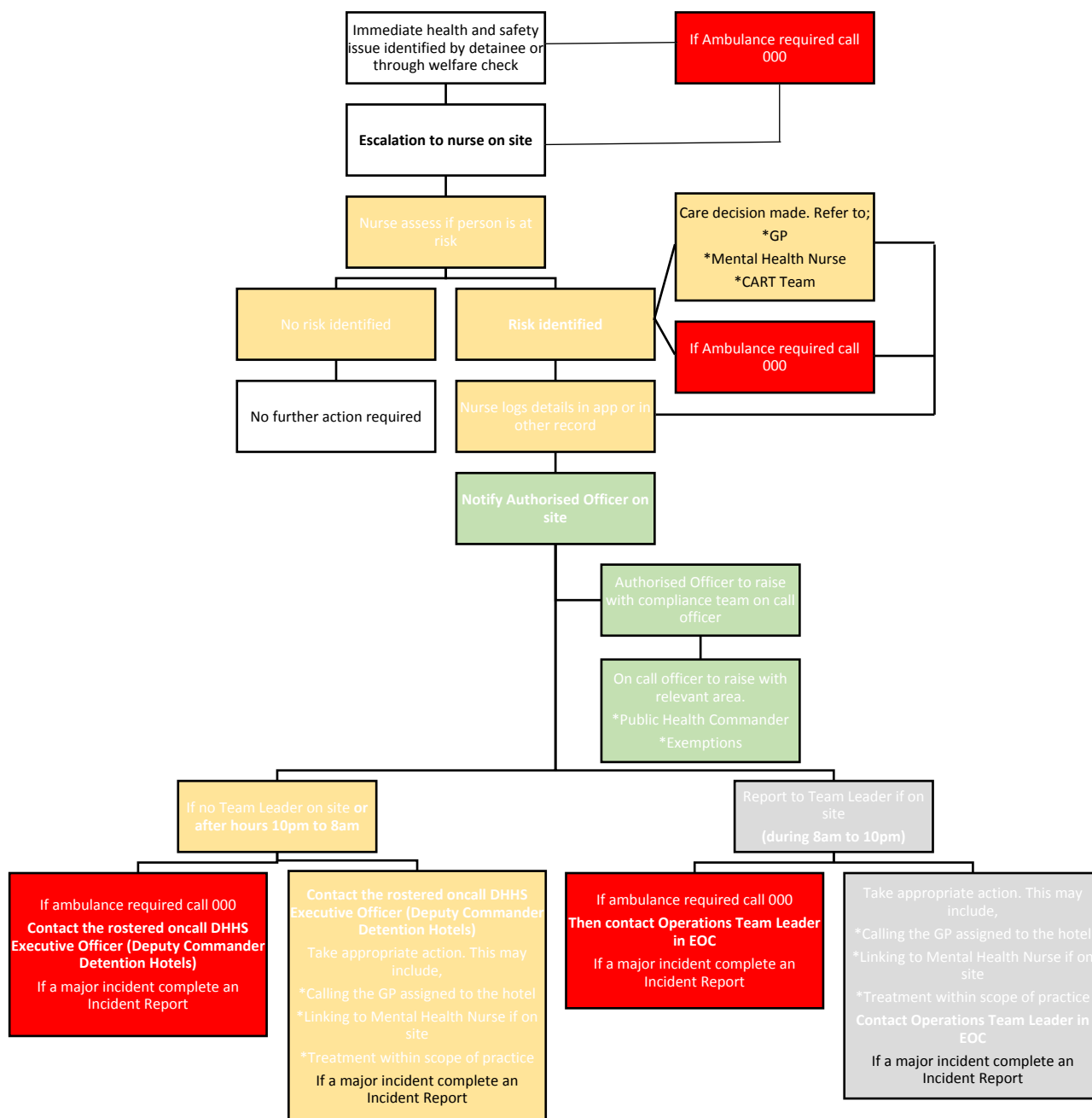
# 7 Issues escalation and incident reporting

The safety of staff, passengers/detainees and the Victorian community is a key priority of this operation.

All staff undertaking roles under Operation Soteria are responsible for timely and appropriate management and escalation of issues arising under the operation. All risks and incidents must be reported to the Department of Health and Human Services, via the on site Authorised Officer or relevant Commander.

## 7.1 Hotel escalation process

The escalation process in Figure 2 below must be followed for all health and medical risks arising in quarantine hotels.



## 7.2 Incident reporting

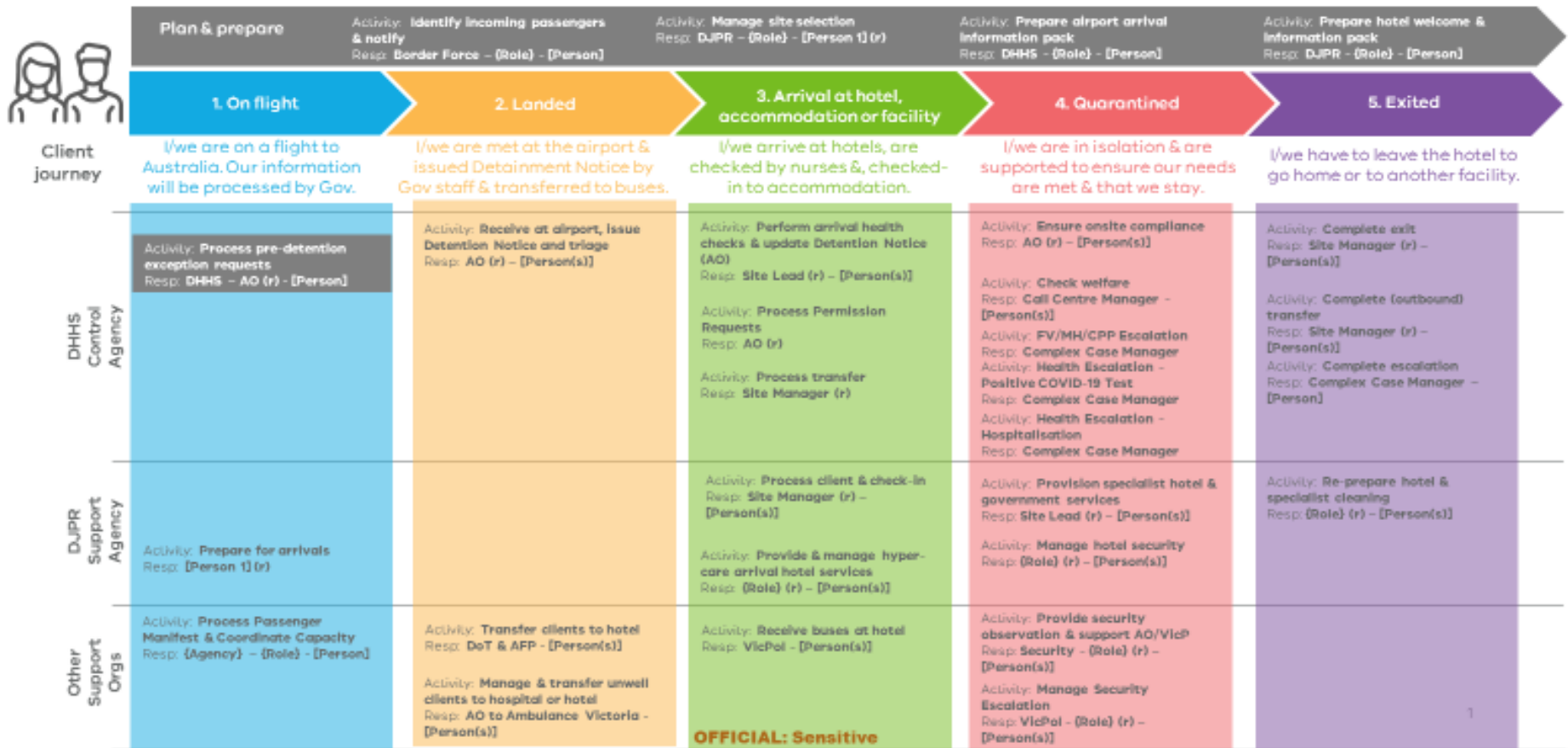
The incident reporting process and template in **Appendix 4** outlines the Department of Health and Human Services management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other users or staff during provision of accommodation services during the COVID-19 emergency. Examples include injury, death, sustaining/diagnosis of a life threatening or serious illness, and assault/crime.

# Appendix 1 - Operation Soteria process phases

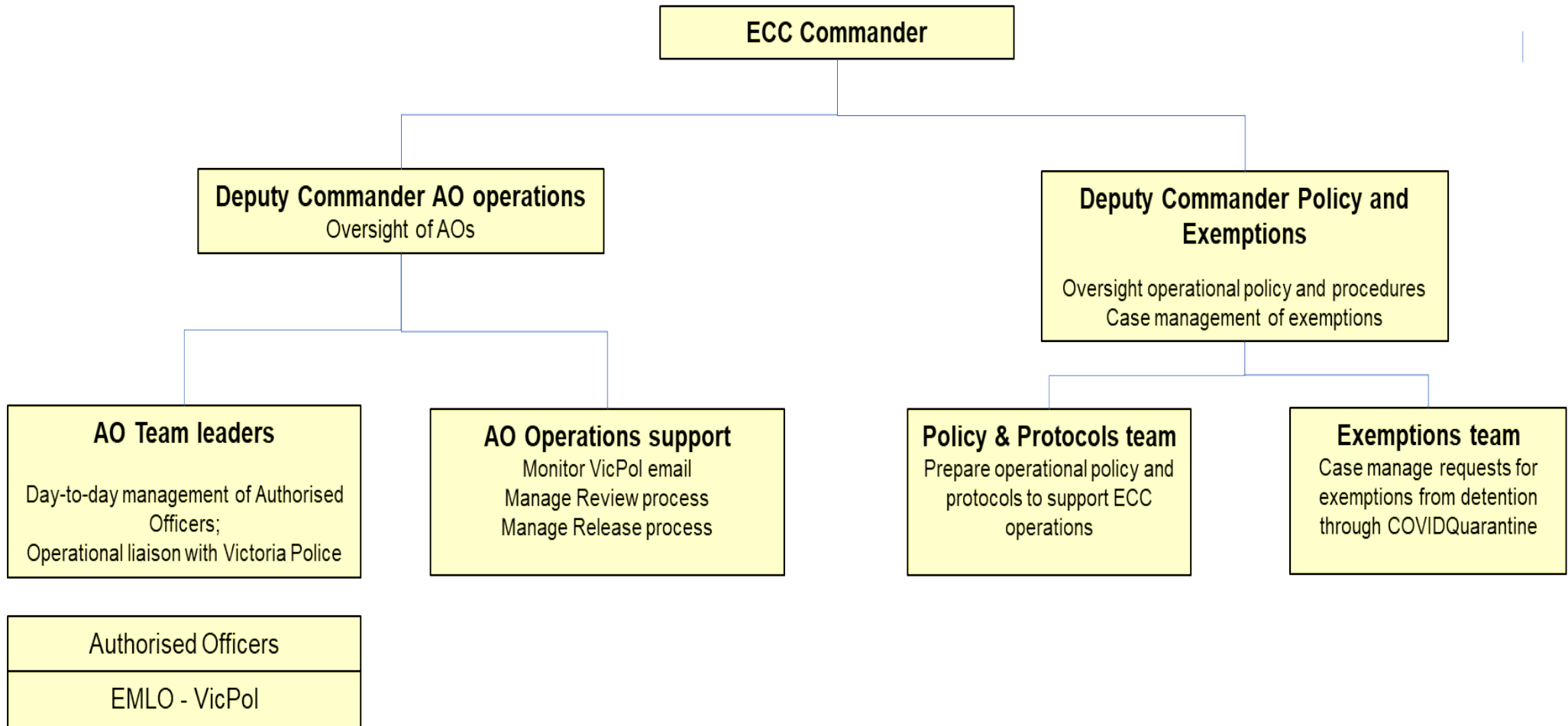
## Compulsory quarantine service architecture Activity and responsibility details

Objectives of service:

1. Legally detain people
2. Protect their health & wellbeing and those around them
3. Provide as comfortable an experience as reasonable
4. Mitigate flow-on demand to health system

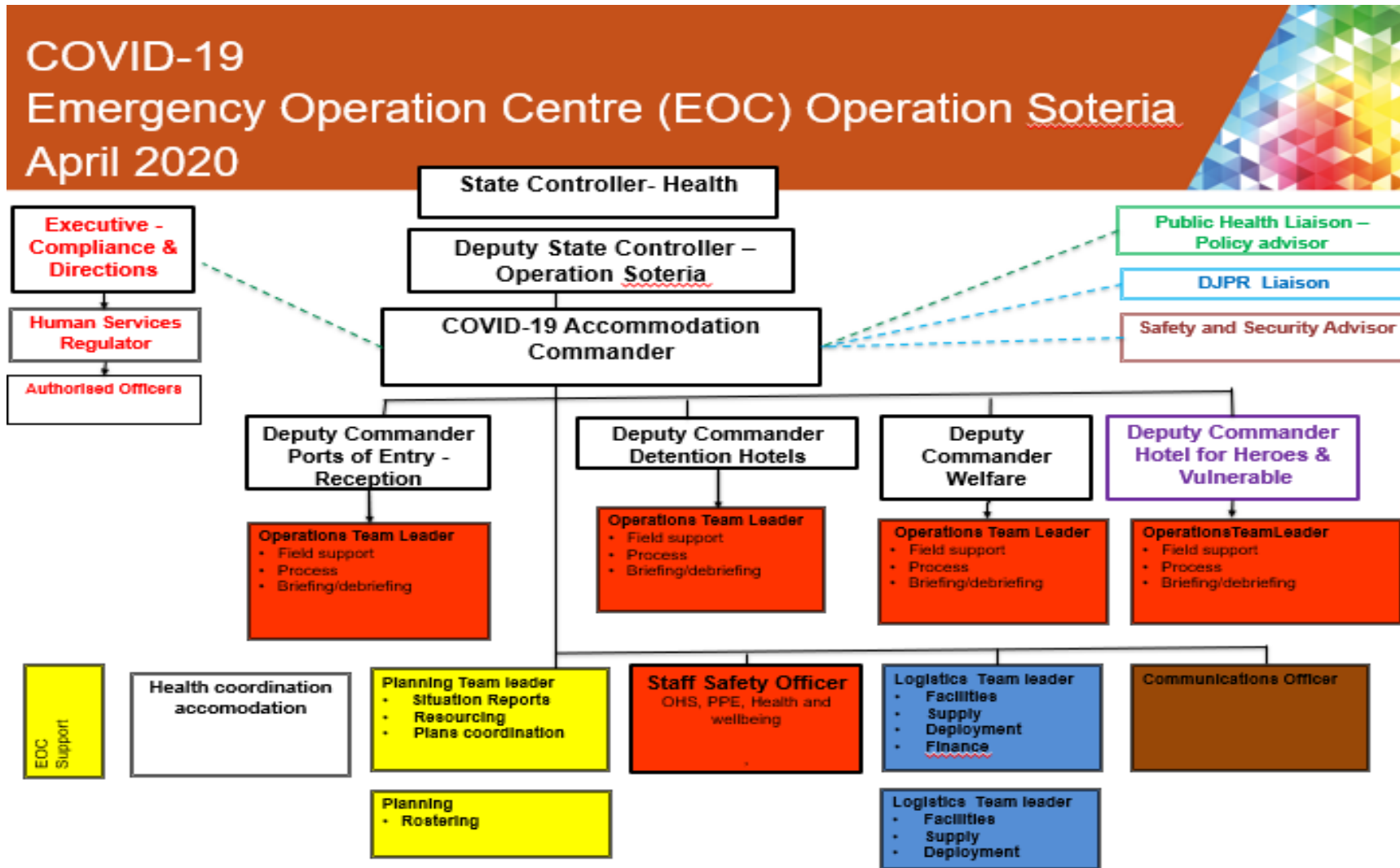


## Appendix 2 - Enforcement and Compliance Command structure

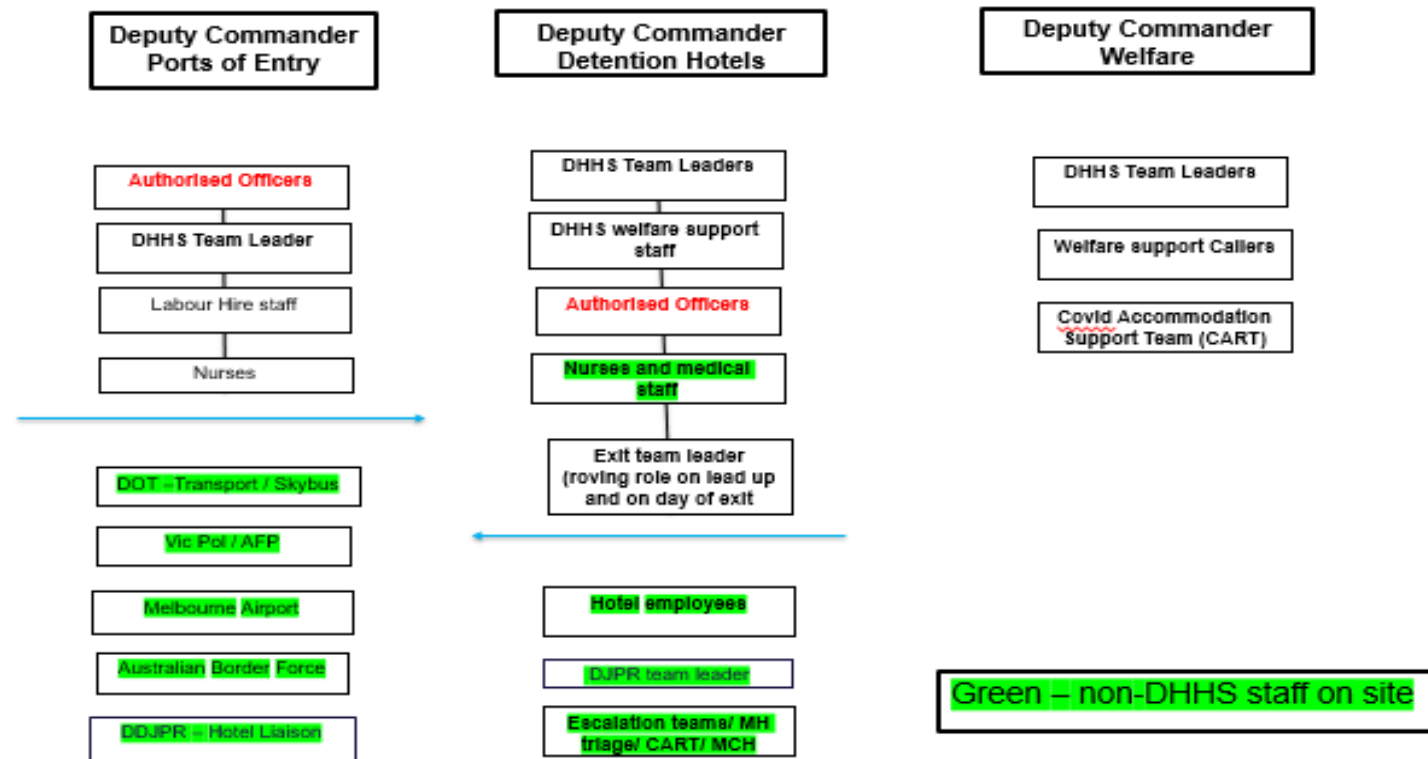




## Appendix 3. Emergency Operations Centre Structure



# Operation Soteria – on site teams



# Appendix 4 - DHHS COVID-19 Quarantine – incident reporting

## 1. Introduction

This document outlines the Department of Health and Human Services (the department) management requirements for major incidents or alleged major incidents that involve or impact significantly upon passengers/detainees during airport reception, hotel quarantine, and other users or staff during provision of accommodation services during the COVID-19 emergency. Examples include injury, death, sustaining/diagnosis of a life threatening or serious illness, and assault/crime.

The primary audience for this document is departmental staff on site and senior officers who are involved in reviewing, endorsing, processing, recording and analysing incident reports after Parts 1–6 of the incident report have been completed at the service delivery level supported by the appropriate Deputy Commander.

This document was last reviewed on 21 April 2020.

## 2. Reviewing and endorsing incident reports

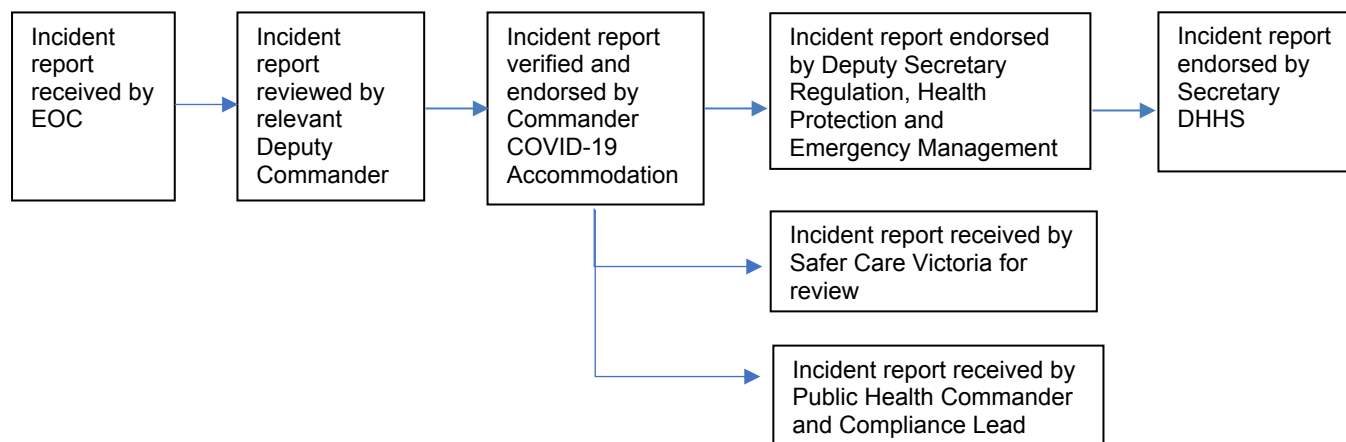
This section outlines the steps required for reviewing and endorsing incident reports, once provided to the DHHS Commander COVID-19 Accommodation via [dhhsopsotertiaeoc@dhhs.vic.gov.au](mailto:dhhsopsotertiaeoc@dhhs.vic.gov.au) following verbal report via phone from the relevant Deputy Commander. Figure 1 below provides an overview of the process.

### 2.1. Overview

Incident reports (Parts 1–6) are completed by the most senior departmental staff immediately involved in the management of the incident onsite, with support of the relevant Deputy Commander. In the case of any incident, the first priority is making sure passengers/detainees and staff are safe, and in hotels, appropriate care provided (see escalation process for hotel detention). After that, an incident report must be completed and sent to the Commander COVID-19 Accommodation via [dhhsopsotertiaeoc@dhhs.vic.gov.au](mailto:dhhsopsotertiaeoc@dhhs.vic.gov.au) following verbal report via phone. The report includes immediate actions that have been taken and planned follow-up actions.

The specified department officers review the incident report, and complete parts 7-9. The Commander COVID-19 Accommodation is also responsible for sending the report to Safer Care Victoria, the Public Health Commander and the Compliance Lead.

**Figure 1: High Level flowchart for reviewing and endorsing an incident report**



The incident report form is available from the Operation Soteria Emergency Operations Centre (EOC), [dhhsopsoteriaeoc@dhhs.vic.gov.au](mailto:dhhsopsoteriaeoc@dhhs.vic.gov.au) or relevant Deputy Commander. All reports must be legible and presented in the specified report format.

## 2.2. Deputy Commander receives an incident report

When an incident report is forwarded to the DHHS EOC, the report is registered in the EOC's electronic file system, TRIM, and allocated a reference number. It is then forwarded to the relevant Deputy Commander as soon as possible (within 1 hour). The staff completing the report will contact the relevant Deputy Commander by mobile to advise of the incident.

### 2.2.1. Reports about passengers/detainees who are also clients

If a passenger/detainee is a client of other service types, service providers or government departments, information regarding a major incident may be disclosed to other agencies or departments to lessen or prevent a serious or imminent threat to a client's life, health, safety or welfare; and/or with the intent of preventing similar incidents from occurring in the future. The Commander COVID-19 Accommodation is responsible for notifying within the department and/or other organisations where the passenger/detainee is known to be a client, with the lead division will inform any community service organisations involved in providing services if applicable.

## 2.3. Review of the incident report

The relevant Deputy Commander endorses the incident report by completing Part 6 of the incident report (refer to attachment 1).

They must review the incident report and:

- check that the immediate needs of the passenger/detainee(s) have been addressed
- check that appropriate immediate actions have been taken in response to the incident and that any planned further actions are appropriate
- if a particular requirement has not been undertaken, the reasons why are documented
- ensure that the passenger/detainee and location details have been recorded and are accurate
- ensure all sections of the incident report are completed
- record any additional or required follow-up action (if any).

## 2.4. Verify and endorse the incident category

The Commander COVID-19 Accommodation verifies and endorses the incident report.

The Commander COVID-19 Accommodation is responsible for escalating an incident report to the Deputy Secretary Regulation, Health Protection and Emergency Management to endorse, and sending the report to the Public Health Commander, the Compliance Lead and Safer Care Victoria via [irtreviews@safercare.vic.gov.au](mailto:irtreviews@safercare.vic.gov.au) for review.

The Deputy Secretary Regulation, Health Protection and Emergency Management is responsible to escalate the incident report to the Secretary Department of Health and Human Services for endorsement.

## 2.5. File the completed incident report

After Parts 7-9 have been completed and endorsed, the incident report is returned to the Emergency Operations Centre for records management. This constitutes the final completed report.

The final completed report must be placed in a TRIM record must be updated in accordance with the department's record management policy.

Where allegations are made against a staff member, the incident report and any subsequent reports are to be retained in the staff file.

## 2.6. Incident report records management and privacy

Incident reports (paper versions and related electronic data) must be stored securely and only accessed by staff that have a business purpose for doing so. Paper reports are discouraged, and if required, should be stored in locked filing cabinets. Access to electronic data should be limited to appropriate staff only.

## 2.7. Local investigation and causal analysis

The Commander COVID-19 Accommodation will ensure that the incident is subject to an appropriate level of local investigation and causal analysis and that, where relevant, an improvement strategy is prepared.

Incident investigations should:

- identify reasons for the incident occurring
- identify opportunities for improvement in management systems or service delivery practice
- make local recommendations and implement improvement strategies in order to prevent or minimise recurrences. These strategies should be actionable and measurable and include an assessment of their effectiveness in delivering improvement
- satisfy mandatory reporting or review requirements (for example, notifying the Coroner or WorkSafe).

## 3. Privacy

Respecting the privacy of individuals who are involved in or witness to an incident is an important consideration in dealing with incident reports, which often contain personal details and other sensitive information.

Departmental staff must comply with the Department of Health and Human Services privacy policy whenever personal and/or health information about passengers/detainees, staff or others is collected, stored, transmitted, shared, used or disclosed.

The privacy policy is an integrated policy, which supports the sensitive protection and management of personal information and seeks to meet the legislative requirements of the *Privacy and Data Protection Act 2014* and *Health Records Act 2001*. Information relating to privacy is available at [intranet.dhhs.vic.gov.au/privacy](http://intranet.dhhs.vic.gov.au/privacy).

### 3.1. Sending information by email

For communication within the department, there are risks to privacy in sending information by email. These include misdirection due to errors in typing the address and the ease of copying, forwarding, amending or disclosing emailed information to others. Care should be taken with the list of addressees, and the title of the email should not contain any identifying information.

### 3.2. Electronic security of passenger/detainee information

In addition to email, passenger/detainee information is stored, accessed and transmitted using a emergency management systems and devices (including computers, laptops, and smartphones). These systems and devices must be as carefully protected as the passenger/detainee information itself.

An 'information security incident' occurs when the security of the information, system or device is compromised. Some examples of these incidents are:

- the details of a passenger is accidentally sent to the wrong email address
- a case worker's smartphone is lost or stolen and there was information about a passenger/detainee stored on it
- a virus infects a computer that stores or accesses passenger/detainee information.

Information security incidents must be reported to the Emergency Operations Centre who, in turn, will report it to the IT Service Centre.

# DHHS Quarantine – incident reporting template

Reference number	
Impact (Major only) <i>e.g. injury, death, sustaining/diagnosing life threatening condition, assault/crime</i>	

## 1. Service provider details

Reporting organisation	
Address of service delivery	
DHHS Service Area ( <i>e.g. Emergency Management</i> )	
Service type	

## 2. Incident dates

Date of incident	
Date accuracy (exact/approximate)	
Time of incident	
Time accuracy (exact/approximate)	
Date incident disclosed	
Time incident disclosed	

## 3. Incident description

Location of incident	
Detailed incident description	

#### 4. Individual details – Passenger/detainee 1 [duplicate for each person involved]

Passenger/detainee's full name	
Passenger/detainee incident impact	
Sex	
Indigenous status	
Date of birth	
Passenger/detainee address	
Passenger/detainee unique identifier number <i>(if applicable)</i>	
Incident type	
Involvement in the incident (victim, witness, subject of abuse allegation, participant)	
Passenger/detainee's immediate safety needs met (Yes/No)	
Medical attention provided (Yes/No)	
Passenger/detainee debriefing or counselling (Yes/No)	
Referral to support services (Yes/No)	
Change passenger/detainee care (support plan) (Yes/No)	
Notified next of kin, guardian or key support person (Yes/No)	

#### 5. Other/s involved in incident [duplicate for each other person involved]

Person's full name	
Date of birth	
Person's job title or relationship to passenger/detainee (carer, paid staff, other)	
Person's involvement in the incident (victim, witness, subject of abuse allegation, participant)	

#### 6. Service provider response details

Brief summary of incident	
Reported to police (Yes/No)	
Name of officer and date reported to police	
Police investigation initiated (Yes/No)	
Staff member stood down/removed (Yes/No)	
Manager's full name	
Manager's job title	

Date incident report reviewed	
Manager telephone number	
Manager email	
Immediate actions taken by the organisation in response to the incident	
Deputy Commander full name and signature	
Deputy Commander job title	
Date incident report approved	
Comments	

## 7. Incident report authorisation – EOC Command

Delegated authority full name and signature	
Delegated authority job title	Commander COVID-19 Accommodation
Date incident report approved	
Delegated authority phone number	
Delegated authority email address	
Comments	

## 8. Incident report authorisation – Deputy Secretary

Delegated authority full name and signature	
Delegated authority job title	
Date incident report endorsed	
Delegated authority phone number	
Delegated authority email address	
Comments (optional)	

## 9. Incident report authorisation - Secretary

Delegated authority full name	
Delegated authority job title	
Date incident report endorsed	



## For approval : Quick guide Direction and Detention Notice for AOs

---

**From:** REDACTED

**To:** "Angie Bone (DHHS)" REDACTED "Meena Naidu (DHHS)"  
REDACTED

**Cc:** "Anthony J Kolmus (DHHS)" REDACTED "Noel Cleaves (DHHS)" REDACTED  
REDACTED

**Date:** Fri, 17 Apr 2020 14:16:31 +1000

**Attachments:** Quick guide Direction and Detention Notice for AOs.DOCX (72.58 kB); Quick guide Direction and Detention Notice for AOs.tr5 (276 bytes)

---

Hi Meena and Angie,

Further to the AO Policy and procedures - Direction and Detention Notice sent yesterday, we have prepared a concise 2 page quick guide for AOs about .

We think this document can supplement, and be read in conjunction with, the Policy and Procedures document.

Thank you to REDACTED and REDACTED for helping with this document.

We would be grateful if you could review and approve circulation if you think it is suitable.

Kind regards

-----< HPE Content Manager record Information >-----

Record Number : HHSD/20/167689  
Title : Quick guide Direction and Detention Notice for AOs

# Quick guide: Authorised Officer responsibilities

COVID-19 Direction and Detention Notice V1 17 April 2020

## Purpose

This is a short guide for Authorised Officers (AOs) to be used in conjunction with the **DRAFT** COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1.

## Rostering, resources and authorisation

AO's will receive rosters via email. Rostering and shift locations do change regularly so ensure you check the latest email for details.

You must have your authorisation card with you and all times.

## Summary of key duties

See also **Appendix 1** for AO obligations under the *Public Health and Wellbeing Act 2008*.

Airport arrivals	Hotel	Leave at hotel	Checkout
<ul style="list-style-type: none"> <li>• AO to issue person subject to detention with a Direction and Detention Notice under the <i>Public Health and Wellbeing Act 2008</i>.</li> <li>• AO to explain reason for detention and that refusal to comply is an offence</li> <li>• AO to facilitate any reasonable request for communication</li> <li>• Manage documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Reiterate the reasons for detention.</li> <li>• Promote and oversee compliance.</li> <li>• Use security to assist. Contact Victoria Police if despite considerable effort, compliance is not achieved, or AO deems VicPol assistance is needed</li> <li>• AO to facilitate any reasonable request for communication</li> <li>• Keep records of compliance issues</li> <li>• Lead AO must undertake daily review</li> </ul>	<ul style="list-style-type: none"> <li>• There are four circumstances in which permission to leave the room may be granted:               <ul style="list-style-type: none"> <li>– For the purpose of attending a medical facility to receive medical care</li> <li>– Where it is reasonably necessary for physical or mental health</li> <li>– On compassionate grounds</li> <li>– Emergency situations</li> <li>– Escalate as set out in Protocol for complex requests</li> </ul> </li> <li>• Request for exemptions go to <a href="mailto:COVIDdirections@dhhs.vic.gov.au">COVIDdirections@dhhs.vic.gov.au</a> for consideration</li> <li>• Make decisions regarding simple requests.</li> <li>• Liaise with security as required.</li> </ul>	<ul style="list-style-type: none"> <li>• Responsible for compliance checkout and record keeping</li> <li>• Issue an End of Detention Notice regardless of the health status. The notices specify either:               <ul style="list-style-type: none"> <li>– The person has finished isolation and will need to follow the state guidance; Or</li> <li>– The person has symptoms consistent with respiratory illness or has tested positive to Coronavirus and must self-isolate at their home, until cleared.</li> </ul> </li> </ul>

## Introduction at hotel

Contact the following people and ensure they have your name and phone number.

- hotel/duty manager
- head of security
- DHHS team leader
- nursing staff.

Ensure you have the AO supervisor contact details handy. Listed on the roster.

## Handover at hotel

Arrive early to facilitate handover from previous AO. Discuss matters arising from the previous shift which may affect future shifts or require resolving.

## Record keeping

If you have access, log onto the Compliance and Welfare Application to:

[https://apps.powerapps.com/play/a18f9213-1ef0-4761-931e-f2c9c12d544d?tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28&source=portal&screenColor=rgba\(253%2C%20193%2C%202%2C%201\)](https://apps.powerapps.com/play/a18f9213-1ef0-4761-931e-f2c9c12d544d?tenantId=c0e0601f-0fac-449c-9c88-a104c4eb9f28&source=portal&screenColor=rgba(253%2C%20193%2C%202%2C%201))

AO's use the Compliance Application to record all information on detainee's including:

- recording Direction and Detention Notice (picture).
- making changes to room numbers or hotels
- recording Permission for Temporary Leave Form
- recording compliance related notes and issues associated with the detainee.

Otherwise, AO to keep contemporaneous notes of compliance-related issues and complete hard copy temporary leave forms.

## Public information

AOs should familiarise themselves with the following fact sheets and website information:

- Compulsory quarantine requirements for international arrivals: <https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>
- About COVID 19: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>
- Translated Resources <https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>

## Occupational health and safety

AOs should be cognisant of occupational, health and safety measures, including social distancing, limiting face-to-face interaction with persons, handwashing, utilising security and using PPE when going onto floors.

## Other things to note

Persons being detained will be stressed, anxious and tired. Excellent listening and negotiation skills are required.

AO may be called upon to support DHHS concierge staff, security in other issues, however this is secondary and discretionary to their compliance role. AO may request DHHS concierge staff escalate non-compliance related issues such as food quality and transport papers.

## Appendix 1 - Summary mandatory AO obligations

<p><b>These requirements are set out in the emergency powers in the Public Health and Wellbeing Act 2008 and the Direction and Detention Notices</b></p>	<ul style="list-style-type: none"> <li>• AO must show ID card before carrying out actions/exercising powers</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must facilitate a reasonable request for communication</li> </ul>
	<ul style="list-style-type: none"> <li>• Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to eliminate or reduce the serious risk to public health.</li> </ul>
<p><b>In addition, AOs must comply with the Charter of Human Rights</b></p>	<ul style="list-style-type: none"> <li>• AO must act compatibly with human rights</li> </ul>
	<ul style="list-style-type: none"> <li>• AO must give 'proper consideration' to the human rights of any person(s) affected by a department AO's decision.</li> </ul>

## FOR REVIEW: Draft AO Protocol - detention

**From:** REDACTED  
**To:** "Meena Naidu (DHHS)" REDACTED "Noel Cleaves (DHHS)"  
 REDACTED  
 REDACTED "Anthony J Kolmus (DHHS)"  
 REDACTED REDACTED  
 REDACTED REDACTED  
**Date:** Wed, 08 Apr 2020 15:37:11 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.1 MB); Protocol for AO - Direction and Detention notice.tr5 (274 bytes)

Hi all,

Please see a working draft of the *AO protocol for Direction and Detention*, which has been developed/extracted from the comprehensive Physical Distancing Plan. The aim is to provide clear and coherent guidance to AOs with detail for reference in Appendices. It includes advice Legal Services has provided around minors and granting temporary leave.

Sections are:

- Background
- Authorised officers and Powers
- Charter obligations
- Airport
- Arrival at hotel
- Review
- Grant of leave\*
- Compliance options and infringements
- Unaccompanied minors
- Departure\*
- OHS

We would be grateful for feedback on content and operational compatibility by **cob Thursday**. To focus your review, the sections that require most consideration include **grant of leave** and **departure**. Also I haven't referenced the new iPad business system for recording details/leave etc.

Appendices are:

- Permission form for temporary leave
- Guidance note permission for temporary leave
- Commonwealth exemptions
- Guidance note - unaccompanied minors
- Direction and Detention notice - solo children
- Other issues

Thank you to everyone who helped contribute. The aim is to provide to AOs as soon as possible and continually refine and adjust to feedback.

Kind regards

REDACTED

Senior Regulatory Policy Advisor  
 Strategic Projects & Regulatory Policy Team  
 Health Protection Branch  
 Regulation, Health Protection & Emergency Management  
 Department and Health and Human Services  
 50 Lonsdale Street, Melbourne 3000

REDACTED

*Please note that I work remotely on Tuesdays.*

DISCLAIMER: Please note that any advice contained in this email is for general guidance only. The Department of Health and Human Services does not accept liability for any loss or damage suffered as a result of reliance upon the advice contained in this email. Nothing in this email should replace seeking legal advice.



# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

Working draft not for wider distribution @ 8/4/20

For URGENT operational advice contact

Noel Cleaves REDACTED or REDACTED

Working draft not for wider distribution @ 8/4/20

For URGENT operational advice contact

Noel Cleaves 0409 813 194 or Paul Paciocco 0402 078 643

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

DRAFT



To receive this publication in an accessible format phone **insert phone number**, using the National Relay Service 13 36 77 if required, or email **insert name of email address and make this the live link <email address>**.

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## Purpose

This policy and procedure intends to:

- provide clarity to all parts of the Department of Health and Human Services' (the department's) quarantine (mandatory detention) intervention as part of the response to coronavirus disease 2019 (COVID-19)
- describe the strategy and protocols for the quarantine (mandatory detention) intervention
- describe the compliance and enforcement policy and procedures for the mandatory detention directions for departmental authorised officers (AOs).

### **Direction and detention notice issued 27 March 2020**

This notice orders the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days.

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

DRAFT

# Background

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at <https://www.dhhs.vic.gov.au/state-emergency>

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by an authorised officer during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

### Authorised officer\* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the department's Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on departmental AOs including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

# Authorised officers and powers

## Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice if they are unsure in the administration of their powers.**

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA at any time during the exercise of powers, if you are asked to show your ID card As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights- s167

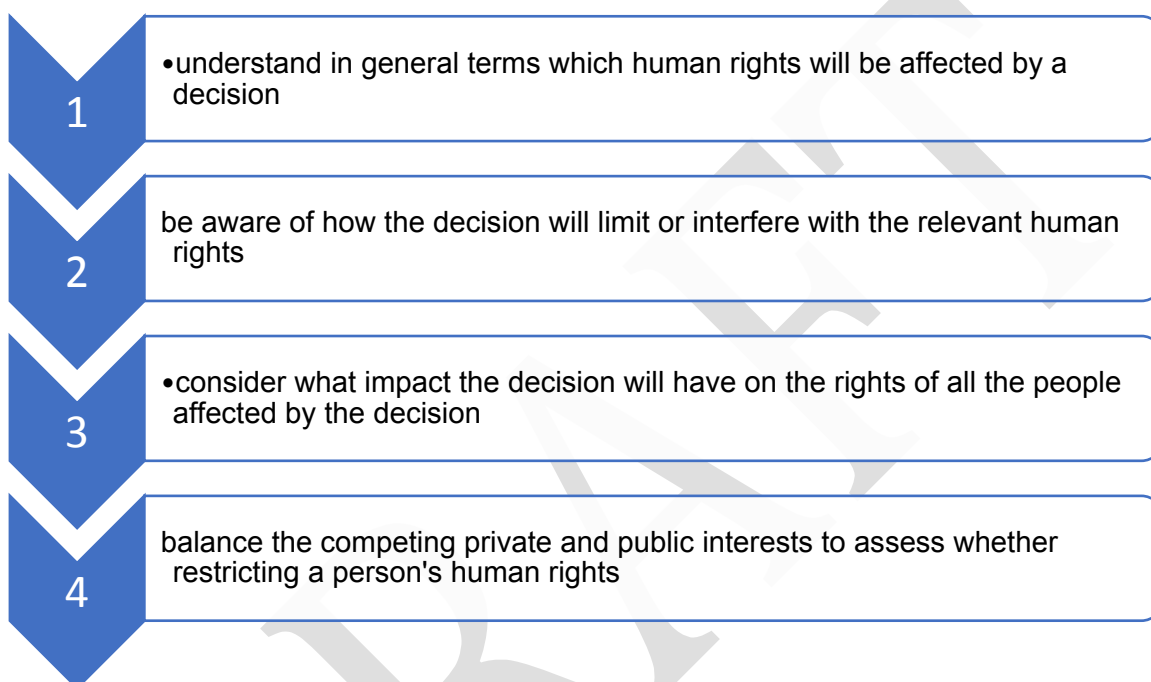
You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.  
But you must first advise the person that they may refuse to provide the information requested.

# Charter of Human Rights obligations

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public sector officers under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment** – This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
- **Right to freedom of movement** – while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – this includes protecting the personal information of persons in detention and storing it securely
- **Right to protection of families and children** – this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
- **Property rights** – this includes ensuring the property of a person in detention is protected
- **Right to liberty and security of person** – this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** – this includes treating persons in detention humanely.











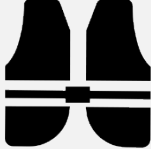
# Airport

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers\*:

Responsibility		Mandatory obligation	PHWA
	<ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>	Yes	Section 166
	<ul style="list-style-type: none"> <li>• must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:               <ul style="list-style-type: none"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> </ul> </li> </ul>	<p>Yes.</p> <p>If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable.</p> <p>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] <b>(mandatory AO obligation).</b></p>	Section 200(2) and 200(4)
	<ul style="list-style-type: none"> <li>• ensure the Direction and Detention Notice:               <ul style="list-style-type: none"> <li>– contains the hotel name at which the person will be detained</li> <li>– states the name/s of the person being detained.</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>• record issue and receipt of the notice through a scanned photograph and enter into business system</li> </ul>		

Responsibility	Mandatory obligation	PHWA	
	<ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention <b>(need to provide VITS number)</b></li> </ul>	Yes	Section 200(5)
	<ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>		
	<ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>		
	<ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>		
	<ul style="list-style-type: none"> <li>check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).</li> </ul>		

\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order

## Additional roles

### Authorised Officer review of transport arrangements to hotel

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and a person to be detained?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then the vehicle must be cleaned in accordance with departmental advice (business sector tab).
- Ensure the driver required to wear personal protective equipment (PPE)? (clarify what PPE is needed?)
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each person to be detained to complete enroute or at the hotel?

## Other airport issues

### People who are unwell at the airport

The Compliance lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The authorised officer from the department at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (refer to points above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

### Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

# Arrival at hotel – check in

## Key responsibilities

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

## Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded on the database/spreadsheet? Or is this covered below?
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

# Regular review of detention

## Requirement for review each day

- The AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- The AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to ‘Charter of Human Rights’ obligations
  - any other issues that have arisen.

## Decision making

To inform decision-making, an AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person’s health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

## Mandatory reporting (mandatory AO obligation)

A departmental AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention

- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

DRAFT

# Grant of leave or release from detention

## Background

### Mechanisms for grant of leave from detention

There are broadly two mechanisms available to the AO on behalf of the Compliance Lead / Public Health Commander to grant leave or release a person from mandatory detention:

- The daily review by the AO could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the AO (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained for various reasons outlined below.

### Process for considering requests for permission to leave or not have detention applied

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects the ability of an AO to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in Jaime De Anó ([jaime.deano@dhhs.vic.gov.au](mailto:jaime.deano@dhhs.vic.gov.au)) and Ed Byrden ([Ed.Byrden@dhhs.vic.gov.au](mailto:Ed.Byrden@dhhs.vic.gov.au)).

### Considerations

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

## Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

### 1. For the purpose of attending a medical facility to receive medical care

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

- AO will consider circumstances to determine if permission is granted.
- An on-site nurse may need to determine if medical care is required and how urgent that care may be. Departmental AOs and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- AO to be informed of decision

- If approval is granted, AO should complete a **Permission for Temporary Leave from detention form / and enter into business system, Appendix 1**
- AO should complete a register for **Permission Granted / enter into business system,**
- AOs should follow the Hospital Transfer Plan below.

## 2. Where it is reasonably necessary for physical or mental health

AO should refer to the *'Permission for Temporary Leave from Detention'* guide at **Appendix 2.**

- AO will consider circumstances to determine if permission is granted.
- AO should request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a **Permission for Temporary Leave from detention form and enter into business system, Appendix 1**
- AO should complete a register for **Permission Granted / enter in business system,**
- If approval is granted:
  - the on-site AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, the department's authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which persons are temporarily outside their premises at any one time.

## 3. On compassionate grounds:

AO should refer to the *'Permission for Temporary Leave from Detention'* guide at **Appendix 2.**

- AO will consider circumstances to determine if permission is granted.
- AO may request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a **Permission for Temporary Leave from detention form/new system, Appendix 1**
- **AO should complete a register for Permission Granted / enter into business system**

## 4. Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.



## Procedure for a person in detention / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. **Details must be recorded on new system.**

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well,
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room,
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room,
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations,
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.

The procedure for the security escort is:

- Don a single-use facemask (surgical mask);
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water as the end of each break.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

### **In addition:**

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

## Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. The bold highlight AO interactions.

1. Nurse/doctor assess that patient requires hospital care
2. **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the business system or register.**
3. **All relevant staff including AO must be notified prior to the transfer.**
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
5. If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
6. Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
9. The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
10. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
11. All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
12. Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
13. Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
14. **Hospitals will need to contact the AO at hotels (a mobile will need to be sourced that stays at each hotel across shifts) then the AO Team lead will advise Lead Executive Compliance to obtain any necessary approvals)**

The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

**Question: Who performs the transfer for non-urgent patients?** Taxi? Medical transport

## Transfer Medically Unwell Individuals Under CoVid19 Isolation to RCH/Alfred Hospitals

Nurse identifies patient requiring transfer to hospital.  
Patient has developed ANY CoVid19 symptom  
(Fever, Sore Throat, Cough, Fatigue, Shortness of Breath)  
and has become medically unwell or  
developed any other problem that may require hospitalisation

If non-urgent contact DHHS  
If URGENT to directly contact the Admitting Officer at  
RCH 93456153/Alfred 1800253733 92762960  
Inform hospital of patient and details  
000 Ambulance request warning of potential CoVid19 case

Ambulance Transfer to RCH/Alfred  
Staff PPE: Gown, Gloves, P2/N95 mask, eye protection  
Patient PPE: Surgical Mask

Patient Transfer from Ambulance to Hospital  
Transfer Requirements:  
- All relevant staff must be notified prior to transfer  
- Patient transferred on trolley or bed  
- Clear transfer pathway of patients, visitors, staff

PPE  
**Staff:** Gown, Gloves, P2/N95 mask, eye protection  
**Patient:** surgical mask

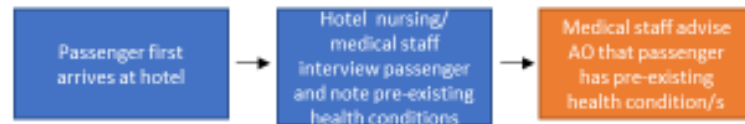
Arrival at Hospital designated CoVid19 AV Reception area

Patient managed under routine AIRBORNE & CONTACT  
transmission based precautions in a negative pressure room

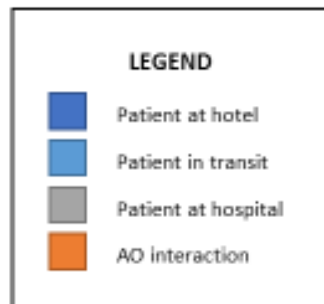
Routine AIRBORNE & CONTACT transmission based precautions  
include: **PPE:** Gown Gloves, P2/N95 mask, eye protection  
(when entering isolation room or transporting patient)  
**Patient:** Surgical mask – if leaving isolation room

# Process to transfer passengers to hospital (planned)

## WHEN PASSENGER ARRIVES AT HOTEL



Medical staff note requirements for passenger to attend specialist appointments at hospital/clinic, including details of doctor, location and frequency. This information is provided to the AO



## WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT



AO provides medical sheet with information that stays with patient throughout journey

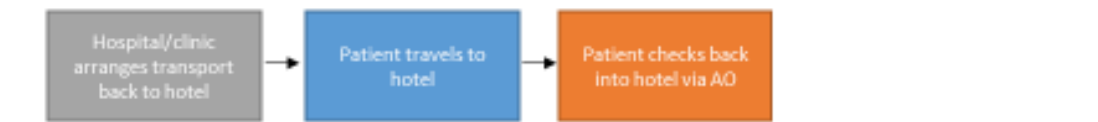
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

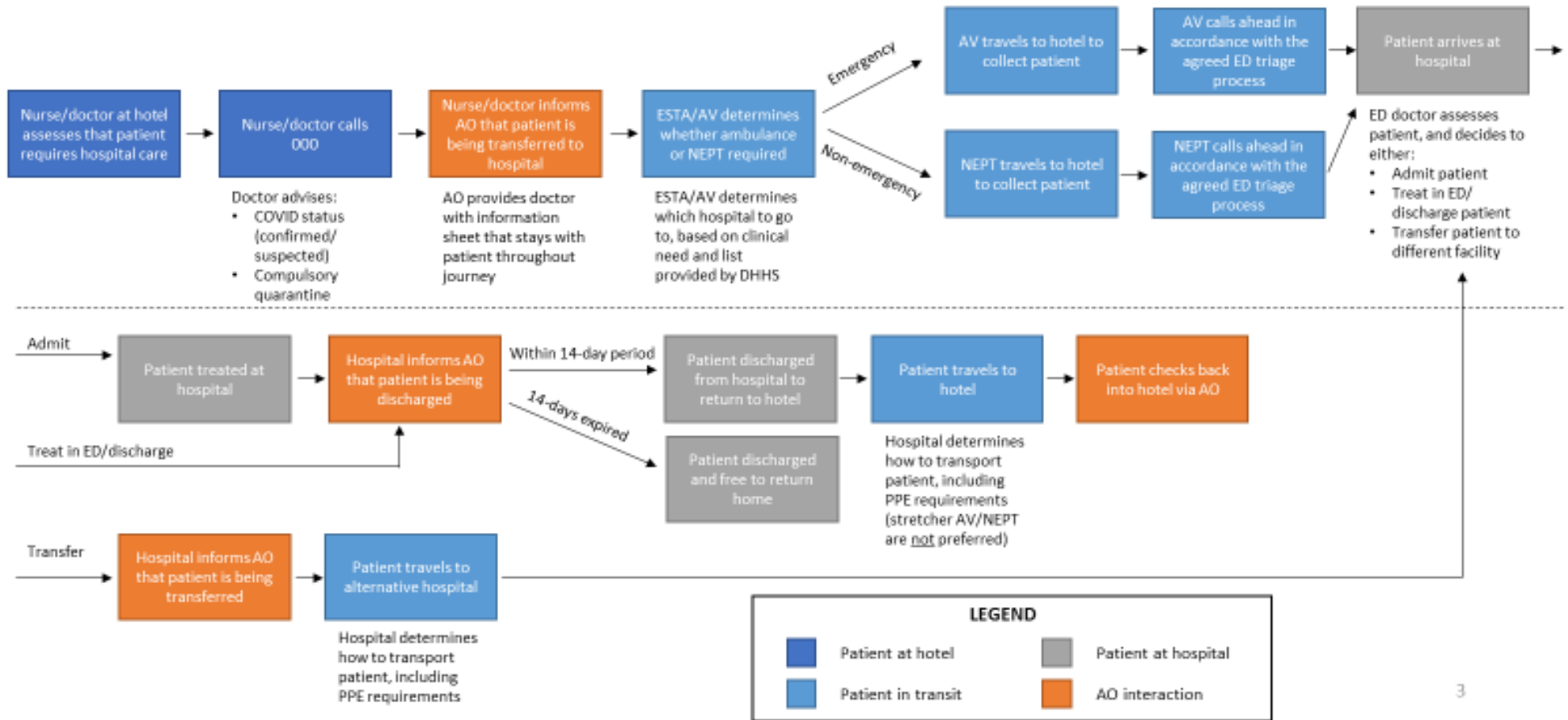


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)

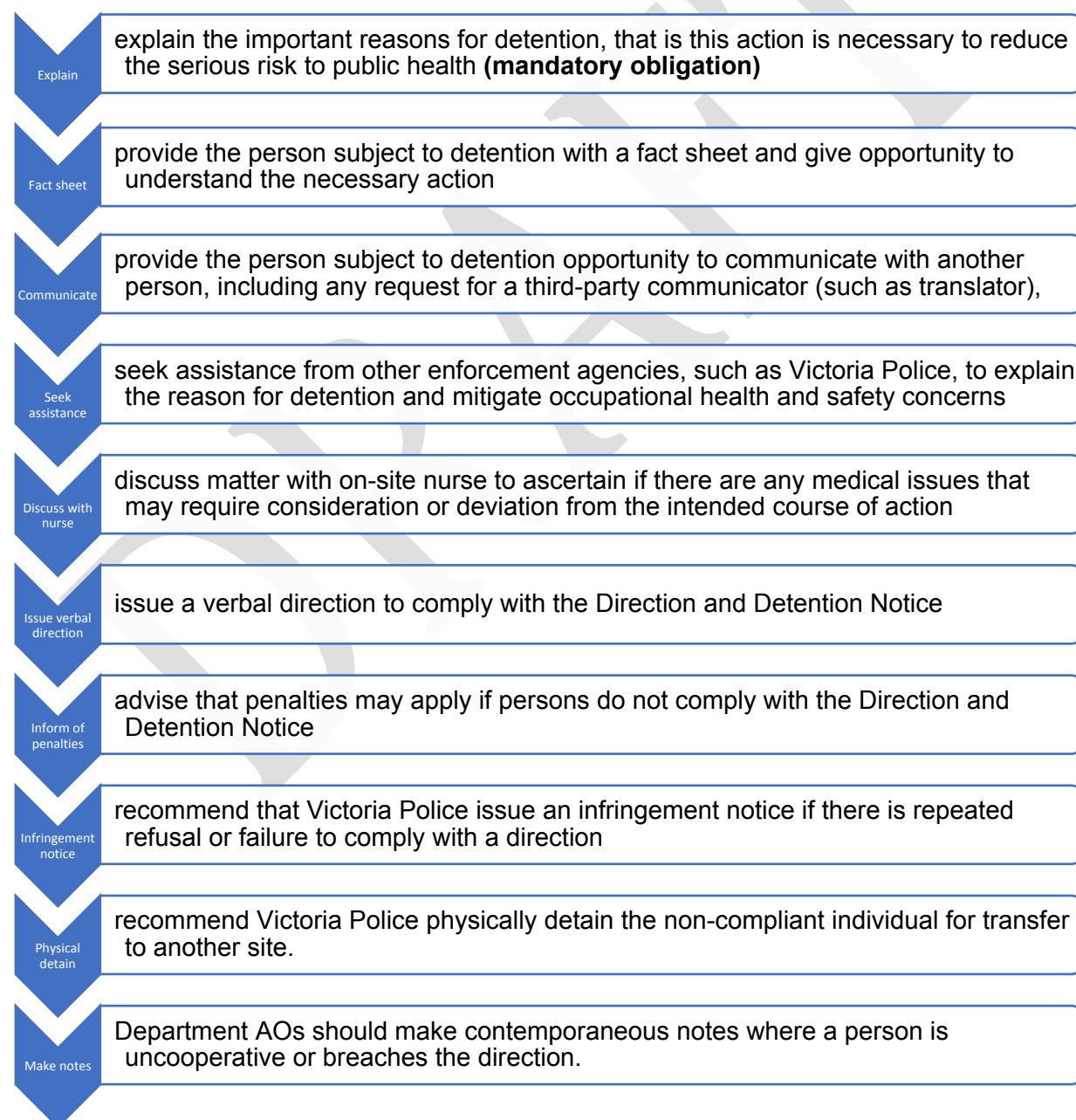


# Compliance

The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA, Any arrests, including moving people into detention or physical contact with a person must be managed by Victoria Police.

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the AO should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, the AO should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units PU
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(1) without a reasonable excuse.	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

# Policy and procedure on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly
- Person can easily contact parent / guardian
- Has adequate food
- Remote education is facilitated.

A draft detention notice is being put together by Legal Services should this be required.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

## When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

Whilst it may be acceptable for older children (16 – 18 year old) to be in quarantine without their parent(s) or guardian, it's likely to be unacceptable for younger children (12 or 13 years old or younger) and in that situation it's more appropriate to defer an alternative arrangement (i.e. parents join them in quarantine or quarantine at home).

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.



AOs monitoring unaccompanied minors must have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

## When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and the department.

## Working with Children Checks and Child Safe Standards

The department will work with Department of Justice and Community Safety to facilitate Working with Children Checks for Authorised Officers.

## Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

# Departure – release from mandatory detention

## Background

Prior to release of a person being detained, they will be provided with a letter that confirms release details and specifies requirements to follow other relevant directions post release, dependant of the outcome of their final health check. Detention is 14 days from the date of arrival and ends at 12am on the last day.

## Responsibilities

AO to notify the person in detention that:

- they will be due for release from detention in 48 hours
- a health check to determine their status is recommended
- A copy of the directions that they will be subject to – Stay at Home No 2 and if they are diagnosed with COVID-19, the Isolation (Diagnosis) Direction.

## Requirement for review each day (final review)

- In accordance with section 200(6) of the Public Health and Wellbeing Act, the daily health check will be used to review the persons continued detention. In order to assess whether the person has fulfilled their 14-day quarantine period as required under the direction and detention notice.
- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- A letter is provided to the person in detention at this health check advising them that they will be released on a particular day and time.

## Process for release

- Whilst health checks are self-reporting of symptoms, persons being detained can be advised that temperature checks by a nurse are recommended and voluntary. If they are febrile we can facilitate access to testing and care. If they are positive, they will be subject to a direction to isolation. **(what will this mean if they don't reside in Victoria?)**
- They will then be sent to their room. The person being detained will be contacted via phone in their room to organise a suitable departure time and if required transportation will be organised.
- **When organising departure times we need to explore flexibility around that interpretation so that we don't inadvertently hold them later than we are allowed to – would we need to resort to formal early release process for each individual that is currently in place? We are considering a process for staging release over the period of time before the expiration of that time for sign off (from a PH policy perspective).**
- Ensure that copies of release letters and details of departure are recorded. **do we need them to sign anything – I don't have a copy of the detention notice to know if this is stipulated.**
- Consider the need for traffic management and Police to deal with media.
- Ensure adequate DHHS and nursing staff to facilitate release of people being detained.

# Occupational health and safety for Authorised Officers

## Purpose

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

## Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

## Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police.**

## OHS

Occupational Health and Safety is a shared responsibility of both the employer and the employee.

Officers must raise hazards, concerns, incidents with: **REDACTED** | **REDACTED**

**REDACTED**

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

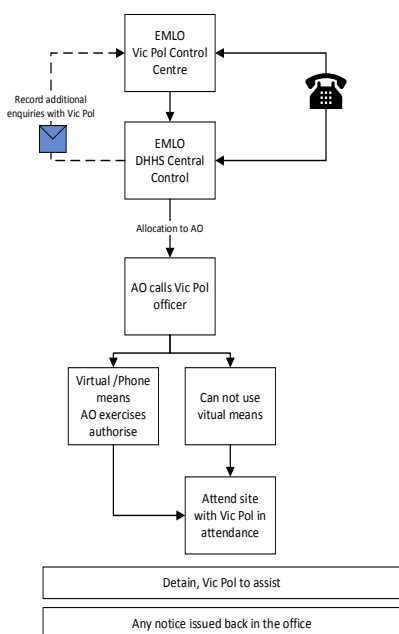
## Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*

- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Face mask (N95 or equivalent)
  - Gloves
  - Hand Sanitizer
- The following is only a guide for AOs to consider. AOs going onto hotel the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks). **Face mask /surgical mask/P2/N95 – we need to be very clear what is worn and when – can we get [REDACTED] [REDACTED] – Communicable Disease infection control person to double check?**

PPE	Guide
Face mask	When there is known case of COVID-19, or an a person subject to detention has been recently exposed to COVID-19
Gloves	Always
Hand Sanitizer / Soap	Always
Social Distancing of at least 1.5 meters	Always

## Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agents		Follow personal protective measures



# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

(a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

(b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

(c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, **at all times**, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.  
(Insert additional conditions, if any, at Annexure 1)

## Specific details

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions **at all times** while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).
- (14) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the **period of time** noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

## Offences and penalties

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.



# Appendix 3 Guidance: Exemptions under Commonwealth law



Australian Government  
Department of Health

Coronavirus disease  
(COVID-19)

## Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

### Aviation crew

#### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

#### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

#### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)  
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

## Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

## Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

## Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

## Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

# Appendix 4 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

## Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

## Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

## How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

## Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily

restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

## **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

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# Appendix 5 Direction and Detention Notice – Solo Children

## DIRECTION AND DETENTION NOTICE SOLO CHILDREN

*Public Health and Wellbeing Act 2008 (Vic)*

Section 200

### Reason for this Notice

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.
- (2) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008 (Vic)* (the **Act**), because of the serious risk to public health posed by COVID-19.
- (3) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.
- (4) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.
- (5) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.
- (6) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.
- (7) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

*Note: These steps are required by sections 200(7) and (9) of the Act.*

### Place and time of detention

- (8) You will be detained at:
 

**Hotel:** \_\_\_\_\_ *(to be completed at place of arrival)*

**Room No:** \_\_\_\_\_ *(to be completed on arrival at hotel)*
- (9) You will be detained until: \_\_\_\_\_ on \_\_\_\_ of \_\_\_\_\_ 2020.

### Directions — transport to hotel

- (10) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

- (11) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

### Conditions of your detention

- (12) **You must not leave the room in any circumstances**, unless:
- (d) you have been granted permission to do so:
    - (i) for the purposes of attending a medical facility to receive medical care; or
    - (ii) where it is reasonably necessary for your physical or mental health; or
    - (iii) on compassionate grounds; or
  - (e) there is an emergency situation.
- (13) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).
- (14) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.
- (15) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.
- Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.*
- (16) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

### Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

*Note: This review is required by section 200(6) of the Act.*

### Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

- (a) We will check on your welfare throughout the day and overnight.
- (b) We will ensure you get adequate food, either from your parents or elsewhere.
- (c) We will make sure you can communicate with your parents regularly.
- (d) We will try to facilitate remote education where it is being provided by your school.
- (e) We will communicate with your parents once a day.

### Offence and penalty



- (18) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.
- (19) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_  
**Name of Authorised Officer:** \_\_\_\_\_

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

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## Appendix 6 Other issues

### Welfare and health service provision

- DHHS Welfare team to conduct a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

### Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

### Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

## Exercise and fresh air

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

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# Confidential Draft - COVID-19 Policy and procedures - Mandatory Quarantine (Direction and Detention Notice for Authorised Officers under the PHWB Act 2008

---

**From:** REDACTED @dhhs.vic.gov.au>  
**To:** REDACTED (DHHS)"  
REDACTED @dhhs.vic.gov.au>, "Anthony J Kolmus (DHHS)"  
REDACTED (DHHS)"  
REDACTED @dhhs.vic.gov.au>, "Meena Naidu (DHHS)"  
REDACTED  
**Cc:** REDACTED  
**Date:** Fri, 10 Apr 2020 16:19:12 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.12 MB); Protocol for AO -  
Direction and Detention notice.tr5 (311 bytes)

---

Dear All

Please find attached a confidential draft to go to all AOs – but not for further distribution.

It is a working draft and we are keep for operational feedback do assist in further refining this document.

It has not been approved by Executive or Public Health Command.

Sophie – could you please send this to all AOs as they are all looking for guidance.

Kind Regards

REDACTED

A/Principal Regulatory Policy Advisor  
Strategic Projects & Regulatory Policy Team | Health Protection  
Regulation, Health Protection & Emergency Management Division, Department of Health and Human Services |  
15/50 Lonsdale Street, Melbourne Victoria 3000

REDACTED @dhhs.vic.gov.au

*Please note that I work remotely on Mondays.*

# Confidential Draft COVID-19 Policy and procedures - Mandatory Quarantine (Direction and Detention Notice) for Authorised Officers under the PH&WB Act 2008

---

From:

REDACTED

To:

REDACTED

[REDACTED]

Cc:

"Anthony J Kolmus (DHHS)" REDACTED

"Noel Cleaves

REDACTED

REDACTED

"Meena Naidu (DHHS)"

REDACTED

[REDACTED]

Date:

Sat, 11 Apr 2020 15:48:43 +1000

Attachments:

Protocol for AO - Direction and Detention notice.DOCX (1.12 MB)

---

Dear All

Please find a confidential draft COVID-19 Policy and procedures - Mandatory Quarantine (Direction and Detention Notice) for Authorised Officers under the PH&WB Act 2008 for your guidance. Please do not forward this document further.

Please note that this is current as at 11/4/20 and will be updated with any new advice and feedback.

Kind regards

REDACTED

A/Principal Regulatory Policy Advisor  
Strategic Projects & Regulatory Policy Team | Health Protection  
Regulation, Health Protection & Emergency Management Division  
Department of Health and Human Services | 15/50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

[REDACTED]



# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

11 April 2020

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

DRAFT



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## Purpose

This policy and procedure intends to:

- provide clarity to all parts of the Department of Health and Human Services' (the department's) quarantine (mandatory detention) intervention as part of the response to coronavirus disease 2019 (COVID-19)
- describe the strategy and protocols for the quarantine (mandatory detention) intervention
- describe the compliance and enforcement policy and procedures for the mandatory detention directions for departmental authorised officers (AOs).

### **Direction and detention notice issued 27 March 2020**

This notice orders the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days.

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

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## AO Operational contacts (under development)

For URGENT operational advice contact the on call (as per the roster) DHHS Team leader

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# Background

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at <https://www.dhhs.vic.gov.au/state-emergency>

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department AO during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

### Authorised officer\* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. The CHO has not authorised council Environmental Health Officers to exercise emergency powers.

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the department's Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on departmental AOs including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## **Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application**

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

**AOs are encouraged to read Part 9 and seek advice if they are unsure in the administration of their powers.**

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights- s167

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

But you must first advise the person that they may refuse to provide the information requested.

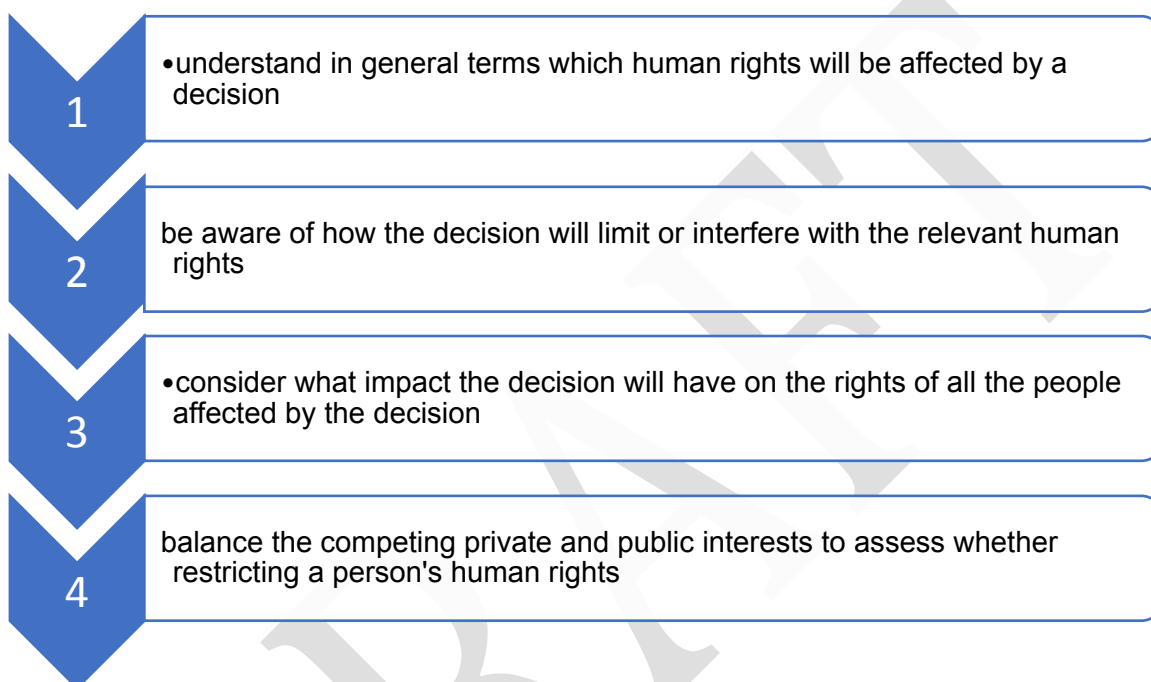


# Charter of Human Rights obligations

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:




- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment** – This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
- **Right to freedom of movement** – while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – this includes protecting the personal information of persons in detention and storing it securely
- **Right to protection of families and children** – this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
- **Property rights** – this includes ensuring the property of a person in detention is protected
- **Right to liberty and security of person** – this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** – this includes treating persons in detention humanely.






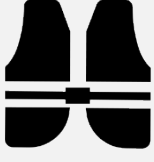
# Airport

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers\*:

Responsibility		Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>	Yes	Section 166
	<ul style="list-style-type: none"> <li>• must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:               <ul style="list-style-type: none"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>remind the person they must keep their detention notice.</b></li> </ul> </li> </ul>	<p>Yes.</p> <p>If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable.</p> <p>This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] <b>(mandatory AO obligation).</b></p>	Section 200(2) and 200(4)
	<ul style="list-style-type: none"> <li>• ensure the Direction and Detention Notice:               <ul style="list-style-type: none"> <li>– states the name/s of the person being detained</li> <li>– states the name of AO</li> <li>– contains signature of person being detained</li> <li>– contains signature of AO</li> <li>– contains the hotel name at which the person will be detained</li> <li>– contains date the person will be detained till (14 days).</li> </ul> </li> </ul>		

Responsibility	Mandatory obligation	Section (PHWA)
 <ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into business system<sup>1</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>		
 <ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (need to provide VITS number)</li> </ul>	Yes	Section 200(5)
 <ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>		
 <ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>		
 <ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>		
 <ul style="list-style-type: none"> <li>check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).</li> </ul>		

\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order

<sup>1</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Additional roles

### Authorised Officer review of transport arrangements to hotel

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and a person to be detained?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then the vehicle must be cleaned in accordance with departmental advice (business sector tab).
- If physical distance of >1.5m can be maintained no PPE required. If this cannot be maintained, then mask and hand hygiene (no gloves).
- Keep windows slightly open throughout transport. Vehicle air conditioning should be set to fresh air
- Are there pens/welfare check survey forms available for each person to be detained to complete enroute or at the hotel?

## Other airport issues

### People who are unwell at the airport

The Compliance lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (refer to points above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

### Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

# Arrival at hotel – check in

## Key responsibilities

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into Quarantine and Welfare System COVID-19 Compliance Application.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

## Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded on the database/spreadsheet? Or is this covered below?
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

# Regular review of detention

## Requirement for review each day

- A lead AO will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- The AO will undertake an electronic review of detainment arrangements by viewing Quarantine and Welfare System COVID-19 Compliance Application This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to ‘Charter of Human Rights’ obligations
  - any other issues that have arisen.

## Decision making

To inform decision-making, the lead AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person’s health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff and specialist areas within the department. This is also available on the Quarantine and Welfare System COVID-19 Compliance Application.

## Mandatory reporting (mandatory AO obligation)

A departmental AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention

- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

### **Possible release from detention based on review**

The daily review by the lead AO could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander.

In the first instance the AO should contact the specialist area if needed (i.e. Mental Health)

Based on specialist advise, there will be a recommendation to the Compliance Lead and Public Health Commander/CHO.

# Grant of leave from detention

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

A register of permissions granted must be kept at each hotel site.

There are four circumstances in which permission may be granted:

#### 1. For the purpose of attending a medical facility to receive medical care

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

- AO will consider circumstances to determine if permission is granted.
- An on-site nurse may need to determine if medical care is required and how urgent that care may be. Departmental AOs and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) to assist in determining urgency and whether temporary leave is needed AO may need to seek specialist advise within the department
- Where possible, on-site nurses should attempt to provide the needed medical supplies.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- AO to be informed of decision
- If approval is granted, AO should complete a **Permission for Temporary Leave from detention form** / enter in Quarantine and Welfare System COVID-19 Compliance Application **Appendix 1**
- AOs should follow the Hospital Transfer Plan below.

#### 2. Where it is reasonably necessary for physical or mental health

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

- AO will consider circumstances to determine if permission is granted.
- AO should request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form / enter in Quarantine and Welfare System COVID-19 Compliance Application Permission for Temporary Leave from detention form and enter into business system, **Appendix 1**
- AO should complete a register for Permission Granted / enter in business system,
- If approval is granted:
  - the on-site AO must be notified



- persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
- persons subject to detention should always be accompanied by an on-site nurse, the department's authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to<sup>2</sup>
- a register of persons subject to detention should be utilised to determine which persons are temporarily outside their premises at any one time.

### 3. On compassionate grounds:

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

- AO will consider circumstances to determine if permission is granted.
- AO may request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- Prior to approval, if temporary leave is being considered for a hospital/facility visit of a sick relative, the AO would need to ensure the facility is prepared to accept them, in keeping with the current directions.
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form / enter in Quarantine and Welfare System COVID-19 Compliance Application, **Appendix 1**

### 4. Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes in Quarantine and Welfare System COVID-19 Compliance Application

## Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Details must be entered into Quarantine and Welfare System COVID-19 Compliance Application.

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well,
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room,
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room,

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<sup>2</sup> See also Exercise and smoking procedure

- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations,
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room

The procedure for the security escort is:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home.

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

**In addition:**

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

## **Supporting smokers to quit smoking**

The preferred option is support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

Further work to support to support this approach would include provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. DHHS to explore opportunities to incorporate provision of NRT and counselling

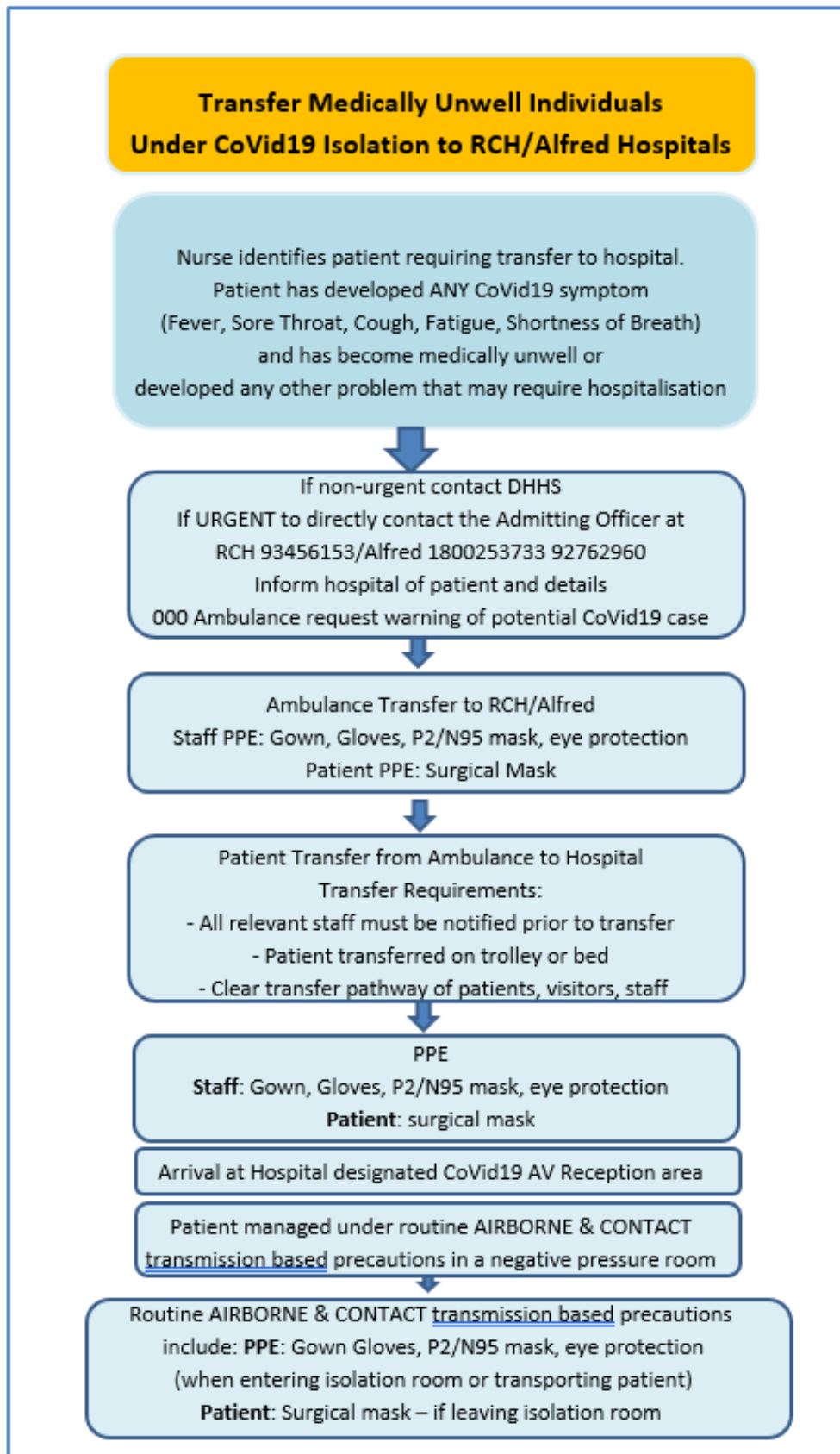
## Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. The bold highlight AO interactions.

1. Nurse/doctor assess that patient requires hospital care
2. **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the business system or register.**
3. **All relevant staff including AO must be notified prior to the transfer.**
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
5. If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
6. Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
9. The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
10. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
11. All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
12. Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
13. Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
14. **Hospitals will need to contact the AO at hotels (a mobile will need to be sourced that stays at each hotel across shifts) then the AO Team lead will advise Lead Executive Compliance to obtain any necessary approvals)**

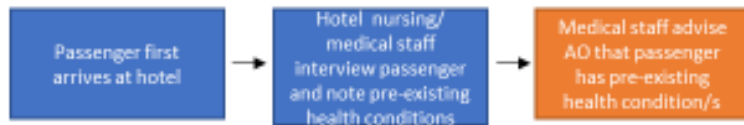
The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

**DHHS is endeavouring to organise patient transport arrangements.**

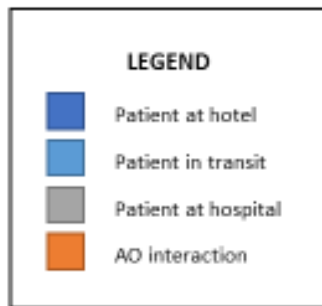


# Process to transfer passengers to hospital (planned)

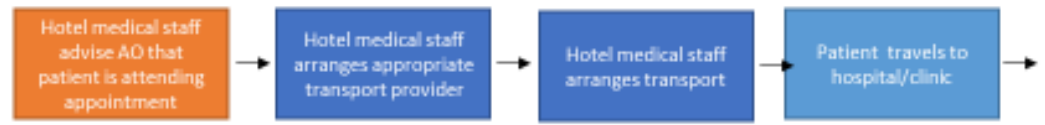
## WHEN PASSENGER ARRIVES AT HOTEL



Medical staff note requirements for passenger to attend specialist appointments at hospital/clinic, including details of doctor, location and frequency. This information is provided to the AO



## WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT



AO provides medical staff with information sheet that stays with patient throughout journey

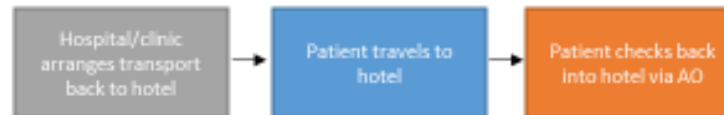
Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

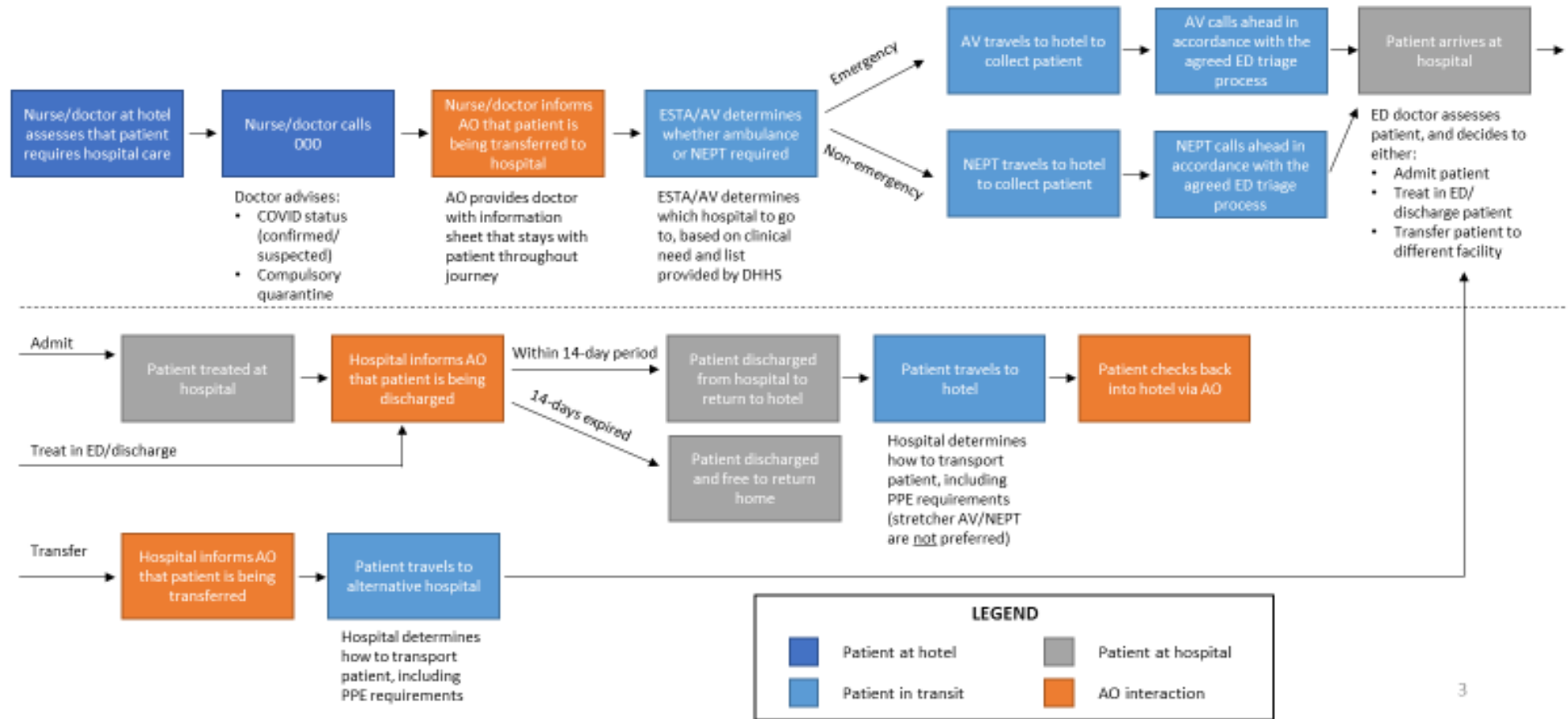


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)

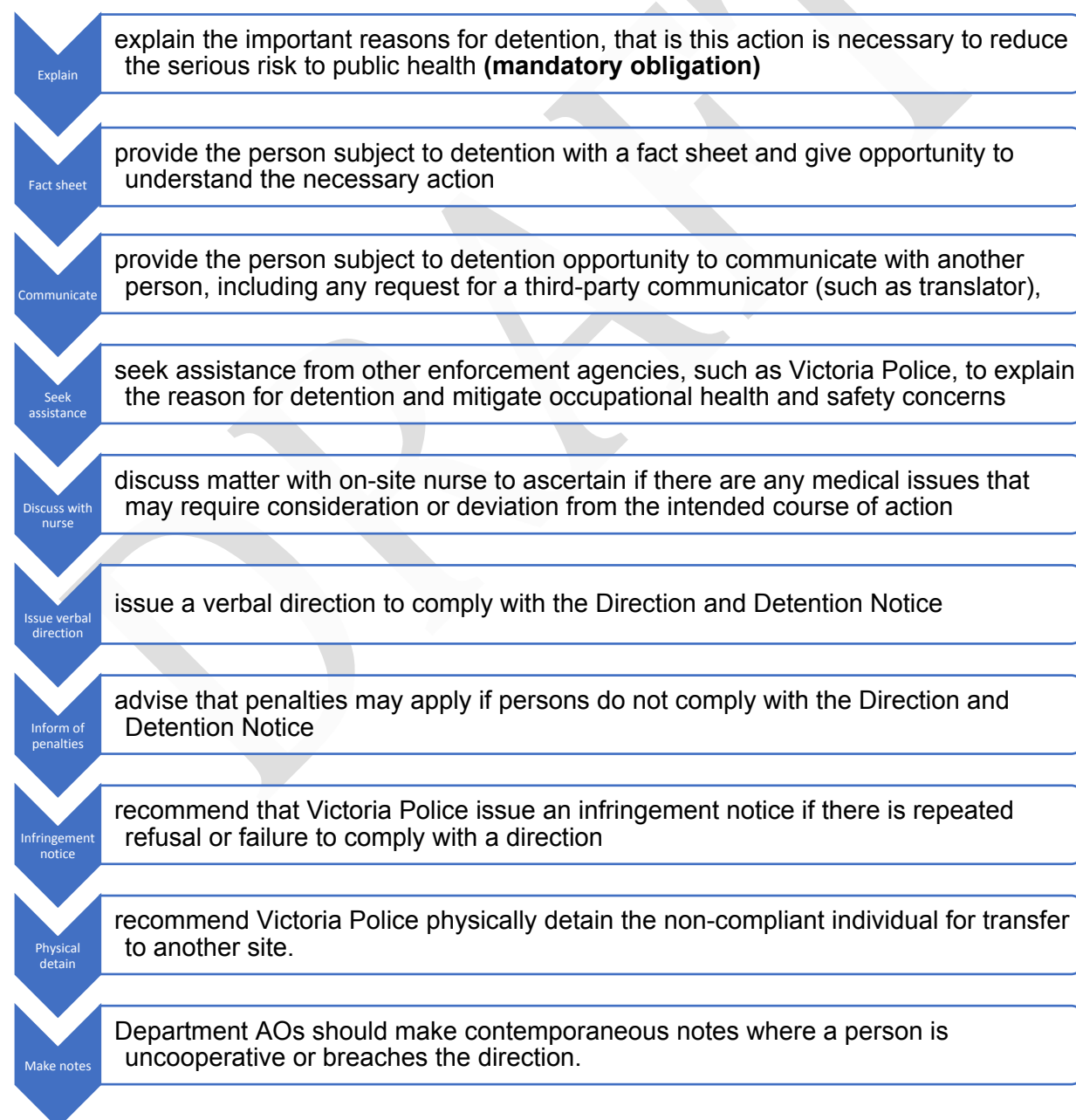


# Compliance

The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA, any arrests, including moving people into detainment or physical contact with a person must be managed by Victoria Police.

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide AOs:





## Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the AO should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, the AO should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate



# Policy and procedure on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly
- Person can easily contact parent / guardian
- Has adequate food
- Remote education is facilitated.

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

## When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3**.

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine.** Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

## When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and the department.

## Working with Children Checks and Child Safe Standards

The department will work with Department of Justice and Community Safety to facilitate Working with Children Checks for Authorised Officers.

## Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

**DRAFT for review - This process is under development.**

## Departure – release from mandatory detention

### Background

Prior to release of a person being detained, they will be provided with an end of detention letter Appendix 7: End of Detention Notice or **Appendix 8: End of Detention Notice** (confirmed case or respiratory illness symptoms) that confirms release details and specifies requirements to follow other relevant directions post release, dependant of the outcome of their final health check. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

### Responsibilities

Departmental staff/Department of Jobs, Precincts and Regions to notify the person in detention that:

- they will be due for release from detention in 48 hours
- a health check to determine their status is recommended
- provide information for people exiting quarantine on transport and other logistical matters.

### Health check

- In accordance with section 200(6) of the PHWA, the daily health check will be used to review the persons continued detention. In order to assess whether the person has fulfilled their 14-day quarantine period as required under the direction and detention notice.
- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

### Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- Prior to the departure of people being detained, they will be given a compliance form with their documented end date and time of detention. The DHHS authorised officer will confirm the period of detention with people being detained and will ask them to sign the compliance form. They need to be signed out by a DHHS authorised officer before they can leave.
- Transportation will be organised for you.
- Further information is available in **Appendix 9: Guidance Note**

# Occupational health and safety (OHS) for Authorised Officers

## Purpose

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

## Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

## Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detention or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with **REDACTED REDACTED REDACTED REDACTED**

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

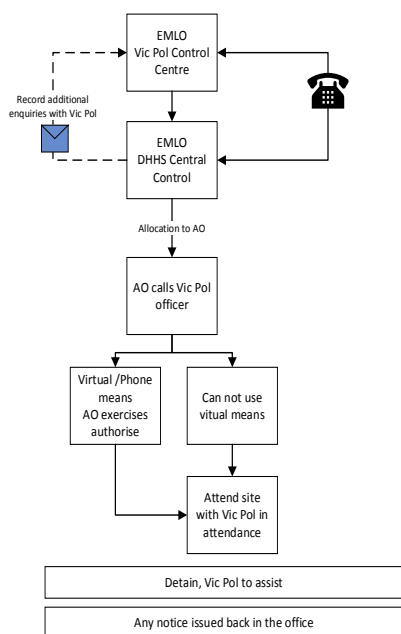
## Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:



- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitizer

The following is only a guide for AOs to consider. AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

• PPE	Guide
• Single-use face mask (surgical mask)	When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1 metres cannot be maintained.
• Gloves	If contact with the person or blood or body fluids is anticipated.
• Hand hygiene – Hand Sanitizer • Soap and water	Always
• Physical distancing of at least 1.5 meters	Always

## Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agents		Follow personal protective measures

# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
\_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

(a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

(b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

(c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, **at all times**, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.  
(Insert additional conditions, if any, at Annexure 1)

## Specific details

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions **at all times** while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).
- (14) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the **period of time** noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

## Offences and penalties

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.



## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

## Appendix 3 Guidance: Exemptions under Commonwealth law

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# Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia must continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

## Aviation crew

### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

## Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

## Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

## Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

## Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

## Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

# Appendix 4 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

## Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

## Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

## How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

## Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily



restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

## Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

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## Appendix 5 Direction and Detention Notice – Solo Children

To be added

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## Appendix 6 Other issues

### Welfare and health service provision

- DHHS Welfare team to conduct a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

### Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

### Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

## Exercise and fresh air

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.

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## Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

### Details of Detention Notice

**Name of Detainee:** \_\_\_\_\_

**Date of Detainment and Detention Notice:** \_\_\_\_\_

**Place of Detention:** \_\_\_\_\_

### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

you will have served the required detention period by \_\_\_\_\_ [insert date]; and  
you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on \_\_\_\_\_ [insert date] after you have been discharged by an Authorised Officer from \_\_\_\_\_ [insert place of detention] and have commenced transportation to your ordinary residence.

[If lives in Victoria] Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 2) (**Direction**), as amended from time to time. Pursuant to the Direction, you are required to travel directly to the premises where you ordinarily reside within Victoria, and remain there unless you are leaving for one of the reasons listed in the Direction.

[*If lives outside Victoria*] I note that you are ordinarily a resident in \_\_\_\_\_ [*insert State or Territory*] and that arrangements have been made for you to return home. While you remain in the State of Victoria, you are required to comply with all directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

## End of Detention Instructions

Your detention **does not end** until the time stated in paragraph 0 of this notice. Until that time, at which you will be discharged from detention, you must continue to abide by the requirements of your detention, as contained in the Notice.

You **must not** leave your hotel room until you have been collected by an Authorised Officer [OR] You **must not** leave your hotel room until \_\_\_\_\_ [*insert time and date*], at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer to be discharged from detention.

When leaving detention you **must** adhere to the following safeguards:

if provided to you, you **must** wear personal protective equipment;

you **must** refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;

you **must** where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and

upon leaving your hotel room, you **must** go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

## 2 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you *[have returned a positive test for COVID-19]* or *[have started displaying symptoms of respiratory illness]*.

### Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

### Details of End of Detention Notice

**Name of Detainee:** \_\_\_\_\_

**Date Notice Made:** \_\_\_\_\_

**Date Notice Expires:** \_\_\_\_\_

**Place of Detention:** \_\_\_\_\_

**Medical Facility:** \_\_\_\_\_

*(if medical care is required)*

### COVID-19 Status or respiratory illness symptoms [tick applicable]:

COVID-19 confirmed: \_\_\_\_\_  coughing

*[insert date of test]*

fever or temperature in excess of 37.5 degrees  sore throat

congestion, in either the nasal sinuses or lungs  body aches

runny nose  fatigue

### End of Detention Notice

In accordance with section 200(6) of the *Public Health and Wellbeing Act 2008*, I have reviewed your continued detention.

On review of the Notice, I have noticed that you *[have been diagnosed with COVID-19]* or *[have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) [delete as applicable].*

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- (a) *[if applicable]* You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is suitable for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;
  - (b) *[if applicable]* You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and
  - (c) You are ordinarily a resident in Victoria.
- (3) Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable]*.
- (4) The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

### 3 Conditions

You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]* by an Authorised Officer. You may / will *[delete as appropriate]* be supervised during transit.

While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.

When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.

You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.

When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.

#### 4 Offence and penalty

- (1) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable]*, unless you have a reasonable excuse for refusing or failing to comply.
- (2) The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

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## Appendix 9: Guidance Note

**How to conclude a person's detention under a *Direction and Detainment Notice* if they have served the required period of detainment, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge and escort each person to their transport
- if a person's detainment is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detainment Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

- It is preferable that an End of Detention Notice be issued the day before a person's detainment is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.
- A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction
- if the person is ordinarily resident outside of Victoria, notify the person of their travel arrangements and that they are to immediately travel to the airport to leave the State.

# HPE Content Manager DHHS CORPORATE DOCUMENT : HHSD/20/159875 : Protocol for AO - Direction and Detention notice

---

**From:** REDACTED  
**To:** "Angie Bone (DHHS)" REDACTED  
**Cc:** "Anthony J Kolmus (DHHS)" REDACTED "Noel Cleaves (DHHS)" REDACTED  
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 REDACTED  
**Date:** Thu, 16 Apr 2020 15:16:55 +1000  
**Attachments:** Protocol for AO - Direction and Detention notice.DOCX (1.16 MB); Protocol for AO - Direction and Detention notice.tr5 (274 bytes)

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Hi Angie,

Please find attached the draft AO Procedures and Policy for Direction and Detention notice issued under the PHWA (version 1) for preliminary approval.

This purpose of this document is to:

- assist and guide departmental authorised officers (AOs) undertake compliance and enforcement functions and procedures for the direction and detention direction issued under the PHWA
- provide clarity about the role and function of AOs.

The document can be used as a reference guide on key issues and a source of learning about the role. It primarily focusses on AO roles, functions and issues and notes there may be some limited work supporting nurses, hotel staff.

The document is not perfect and will be refined due to the rapidly evolving nature of this work. For example, data entry staff may take over entering of notices at hotels. We've tried to incorporate good feedback from AOs. I would also like to confirm Police arrest and detainment issues (just in case they are needed).

Ideally, I would like to have Legal services cast their eye of the document, but we are keen to provide guidance to the AOs as soon as possible as a working draft.

Thank you to everyone for helping out with this.

Cheers

-----< HPE Content Manager record Information >-----

Record Number : HHSD/20/159875  
 Title : Protocol for AO - Direction and Detention notice

# COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and  
Wellbeing Act 2008*

15 April 2020 Version 1

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

**Working draft not for wider distribution**

**For URGENT operational advice contact**

**On call (as per the roster) DHHS Team leader**

# COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at [insert web site or web page name and make this the live link <web page address>](#)

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# Purpose

This purpose of this document is to:

- assist and guide departmental authorised officers (AOs) undertake compliance and enforcement functions and procedures for the direction and detention direction issued under the *Public Health and Wellbeing Act 2008* (PHWA).
- provide clarity about the role and function of AOs.

## Processes may be subject to change

It is acknowledged that the covid-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.

To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.

This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

## Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

The directions are displayed on the department's website at <https://www.dhhs.vic.gov.au/state-emergency> and were made by the Deputy Chief Health Officer or Chief Health Officer:

More information can be obtained from:

<https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19>

## AO Operational contacts

For URGENT operational advice contact the on call (as per the roster) DHHS Compliance management.

DHHS Compliance lead	Title	Contact details
<b>Anthony Kolmus</b>	Human Services Regulator Health and Human Services Regulation and Reform Regulation, Health Protection and Emergency Management Department of Health and Human Services	p. REDACTED e. Anthony.J.Kolmus@dhhs.vic.gov.au
REDACTED	State-wide Manager - Regulatory Compliance & Enforcement Human Services Regulator   Health & Human Services Regulation & Reform Branch Regulation, Health Protection & Emergency Management Division Department of Health & Human Services	p. REDACTED m. REDACTED e. REDACTED
<b>Noel Cleaves</b>	Manager Environmental Health Regulation & Compliance Environmental Health Regulation & Compliance Unit Health Protection Branch Regulation, Health Protection & Emergency Management Division Department of Health and Human Services	t. REDACTED m. REDACTED e. REDACTED

## At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

It is likely that the role of the authorised officer will at times involve supporting other DHHS staff, the overall process and to an extent, medical staff. AOs should be aware of the distinction between their compliance role (which is to be prioritised) and support roles (which are discretionary and secondary).

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

**Table 1 Roles and responsibilities of staff at hotels**

Role	Responsibility	Authority
<b>Authorised Officers under the Public Health and Wellbeing Act 2008 at airport and hotels</b>	<p>Primary responsible for:</p> <ul style="list-style-type: none"> <li>compliance and enforcement functions under the Direction and Detention Notices (27 March 2020 and 13 April 2020)</li> <li>meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention).</li> </ul> <p>AOs are encouraged to keep records (written or electronic) of compliance and other issues they become aware of.</p> <p>AOs may support on-site staff or the overall detention process on a needs or discretionary basis.</p>	<p><i>Public Health and Wellbeing Act 2008 s199</i></p> <p>Direction and Detention Notices (No 1 and No 2)</p>
<b>DHHS staff onsite at airport and hotels</b>	<p>Supporting AOs, nurses, medical practitioners and hotel staff in the administration of detention at the hotel.</p> <p>Hotel issues that are not of a compliance nature</p>	
<b>Medical staff</b>	<p>Primarily responsible for checking a person subject to detention's health on a regular basis</p>	Contracted by DHHS.

**AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and conflict skills to help them settle into the new environment.**

# Background

## Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

## Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government ([Department of Health Information for International Travellers](#)) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See <https://www.dhhs.vic.gov.au/state-emergency>

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

## Enforcement and Compliance Command for Mandatory Quarantine

### Deliverables of the enforcement and compliance function

The Physical Distancing Compliance Lead under the Covid-19 Public Health Incident Management Team <sup>1</sup> is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

### Authorised officer\* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

<sup>1</sup> Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance)<sup>1</sup>

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. The CHO has not authorised council Environmental Health Officers to exercise emergency powers.

**Note:** Any AO that is unsure as to whether you have been authorised under s. 199 should contact administrative staff in the department's Health Protection Branch prior to enforcing compliance with the Direction and Detention Notices.

## Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

*\* A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

## Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.

**Support email** for users: [ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au](mailto:ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au)

Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

# Authorised officers and powers

## Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

## Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHWA can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

**AOs are encouraged to read Part 9 and seek advice from Compliance Lead if they are unsure in the administration of their powers**

## Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

### Authorised officer obligations:

#### Produce your identity card - s166

**Before** exercising powers provided to you under the PHWA:

At any time during the exercise of powers, if you are asked to show your ID card  
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

#### Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.

Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

# Charter of Human Rights obligations

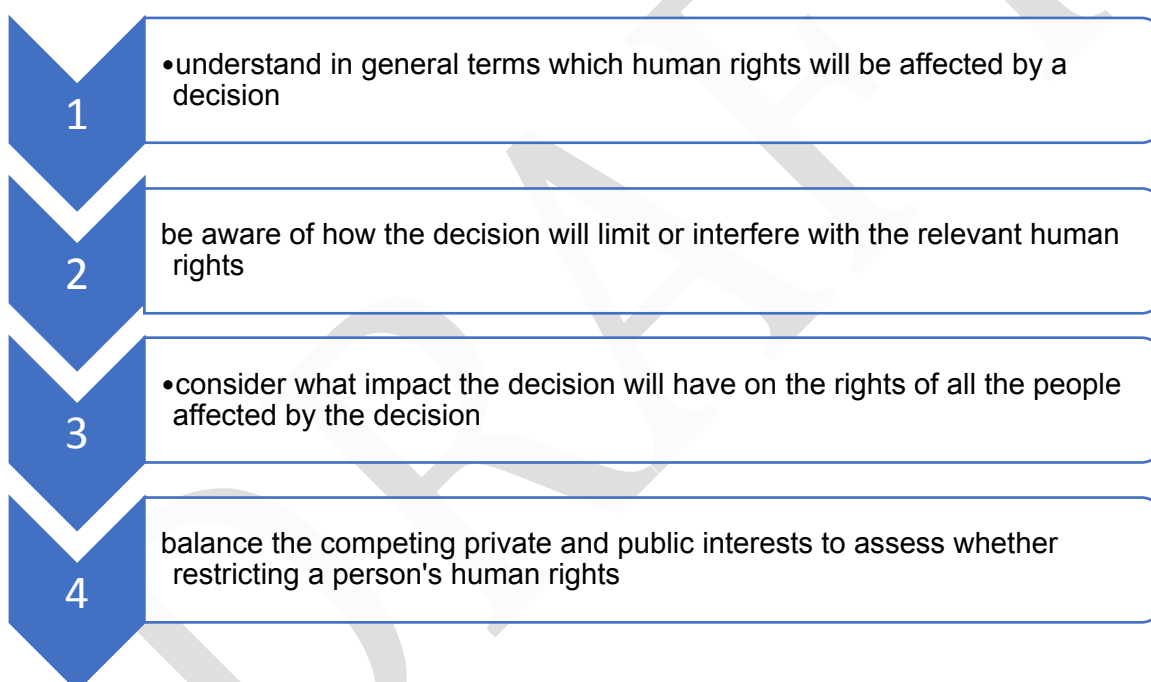
## Key points

- AO must act compatibly with human rights.
- AO must give 'proper consideration' to the human rights of any person(s) affected by an AO's decision.

## Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

## How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
Right to life	<ul style="list-style-type: none"> <li>• This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life</li> </ul>
Right to protection from torture and cruel, inhuman or degrading treatment	<ul style="list-style-type: none"> <li>• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent</li> </ul>
Right to freedom of movement	<ul style="list-style-type: none"> <li>• while detention limits this right, it is done to minimise the serious risk to public health as a</li> </ul>

Charter Right	Obligation
	result of people travelling to Victoria from overseas
<b>Right to privacy and reputation</b>	<ul style="list-style-type: none"> <li>• this includes protecting the personal information of persons in detention and storing it securely</li> </ul>
<b>Right to protection of families and children</b>	<ul style="list-style-type: none"> <li>• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability</li> </ul>
Property Rights	<ul style="list-style-type: none"> <li>• this includes ensuring the property of a person in detention is protected</li> </ul>
<b>Right to liberty and security of person</b>	<ul style="list-style-type: none"> <li>• this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence</li> </ul>
<b>Rights to humane treatment when deprived of liberty</b>	<ul style="list-style-type: none"> <li>• this includes treating persons in detention humanely.</li> </ul>

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# Airport








## Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

## Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers* Responsibility	Mandatory obligation	Section (PHWA)
	<ul style="list-style-type: none"> <li>• must declare they are an Authorised Officer and show AO card</li> </ul>	Yes  Section 166
	<ul style="list-style-type: none"> <li>• must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:               <ul style="list-style-type: none"> <li>– explain the reasons for detention</li> <li>– warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply</li> <li>– <b>remind the person they must keep their detention notice.</b></li> </ul> </li> <li>• if practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.</li> </ul>	Yes.  If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable.  This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] <b>(mandatory AO obligation).</b>

	<ul style="list-style-type: none"> <li>ensure the Direction and Detention Notice: <ul style="list-style-type: none"> <li>states the name/s of the person being detained, date of birth and mobile phone number (if applicable)</li> <li>states the name of AO</li> <li>contains signature of person being detained</li> <li>contains signature of AO</li> <li>contains the hotel name at which the person will be detained</li> <li>contains date the person will be detained till (14 days).</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application<sup>2</sup></li> <li>request person subject to detention present to AO at hotel</li> </ul>		
	<ul style="list-style-type: none"> <li>facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955)</li> </ul>	Yes	Section 200(5)
	<ul style="list-style-type: none"> <li>provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)</li> </ul>		
	<ul style="list-style-type: none"> <li>record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.</li> </ul>		
	<ul style="list-style-type: none"> <li>use the list of arriving passengers to check off the provision of information to each arrival.</li> <li>This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.</li> </ul>		
	<ul style="list-style-type: none"> <li>check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).</li> </ul>		

\* DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order

<sup>2</sup> The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

## Supplementary roles

### Authorised Officer review of transport arrangements to hotel

While these matters are not mandatory compliance obligations, as a matter of good practice AO should check the following:

Direction and detention notice	Sufficient physical distance	Vehicle is sanitised	Is PPE required?
<p>Check the person has been issued with the notice before boarding vehicle</p> <p>Check there are welfare check survey forms available for each person to be detained to complete enroute or at the hotel</p>	<p>Check the distance between the driver and person to be detained.</p> <p>If not sufficient, wait for next transport. Windows should be slightly open</p>	<p>Check vehicle has been sanitised before people board</p> <p>If the vehicle has not been sanitised, it must be cleaned in accordance with department advice</p>	<p>If physical distance of &gt;1.5m can be maintained no PPE required.</p> <p>If this cannot be maintained, then mask and hand hygiene (no gloves).</p>

## Other airport issues

### People who are unwell at the airport

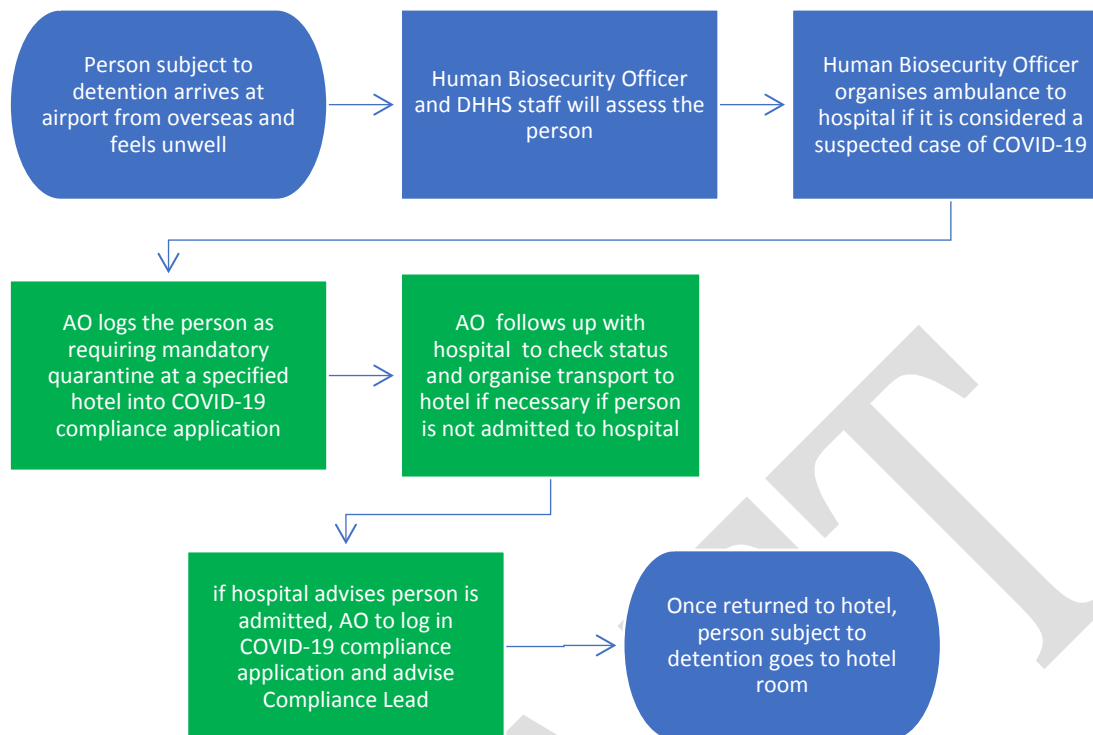
The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport.

After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the AO lead informed
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (refer to points above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19. An AO may need to make contact with the hospital to confirm arrangements.

**Figure 1 – person subject to detention is unwell at airport (AO roles in green)**



**Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)**

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation. Contact Compliance Lead to discuss the situation and possibility of alternative transport.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

## At the hotel

### Key points

- AO reiterates detention requirements and the penalties that apply for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, other staff and medical staff.

### Key responsibilities at check-in

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO reiterates detention requirements
- AO retains the copy of the person's Direction and Detention Notice and enters details of this into COVID-19 Compliance Application (to be confirmed)\*. Please note that this process may not be achievable at the current time and is to be confirmed. In future, data entry staff may undertake this process.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next day

AOs to make themselves known to on-site security.

### Possible changes to hotel-check in process

As of 14 April 2020, DHHS is exploring using data entry staff at each hotel to input scanned copies of the direction and detention notice and data into the Compliance Application. This would mean that the AO at the hotel is primarily responsible for compliance related issues and associated notes.

### Monitoring compliance related issues at the hotel

- AOs should check that security are doing some floor walks to encourage compliance and deter non-compliance.
- AO will oversee and provide advice on compliance-related issues such as requests for temporary leave, a person refusing to comply and a person demanding to be removed from detention. AOs may be called upon by security, hotel staff, or nursing staff to remind a person the reason for the detention and the penalties if they do not comply. There may be a need, in consultation with a nurse or medical

practitioner, to refer a person for a welfare check or further assistance. Help of this nature may support compliance and a person's wellbeing.

- AOs may need to answer questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO should provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

## Supplementary roles of the AO

- AOs may be called upon to support nurses, hotel staff, security and DHHS concierge staff. AOs should be aware of the distinction between their compliance role (which is to be prioritised) and support roles (which are discretionary and secondary). Being aware of issues and providing pragmatic advice (outside the scope of their role) may help with the overall process, however this is discretionary.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

## Compliance Lead to undertake review each day

- A Compliance Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] (**mandatory AO obligation**).
- A Compliance Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to 'Charter of Human Rights' obligations
  - any other issues that have arisen.

## Decision making

To inform decision-making, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention

- any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application** . This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

### **Mandatory reporting (mandatory AO obligation)**

A Compliance Lead will give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

### **Possible release from detention based on review**

The daily review by the Compliance Lead could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander). These matters will be referred to the Physical Distancing Compliance Lead and Public Health Command for review and decision.

# Grant of leave from detention

## Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

## Considerations

### Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention*' guide at **Appendix 2**.

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

## COVID-19 Escalation procedure for requests for leave from people in quarantine

### Persons emailing [covidquarantine@dhhs.vic.gov.au](mailto:covidquarantine@dhhs.vic.gov.au)

People in detention should email their request, with as much detail as possible, to [COVIDdirections@dhhs.vic.gov.au](mailto:COVIDdirections@dhhs.vic.gov.au)

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed to vary their quarantine (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will forward the request on to the COVIDQUARANTINE email address.
  - NB All requests from people in quarantine that do not relate specifically to requesting an exemption from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward the request to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.



- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex requests should be escalated by email to the relevant Compliance Manager assigned to that hotel (see AO Hotel Roster) and cc'd to COVIDQUARANTINE
- If the Compliance Manager;
  - makes a decision they delegate the implementation of that decision accordingly and cc COVIDQUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person the Compliance Lead will also cc SEMC.
  - does not believe they are authorised to make a decision on the request they should escalate it to the Compliance Lead (Anthony Kolmus) and cc COVIDQUARANTINE.
- If the Compliance Lead;
  - makes a decision on the request they delegate the decision accordingly and cc COVID QUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person, the Compliance Lead will also cc SEMC
  - does not believe they have the authority to make the decision (e.g. any exemptions relating to travelling interstate or overseas must go to the CHO/DCHO), the matter is to be escalated directly to COVIDQUARANTINE with a recommendation and seeking a decision from the CHO/DCHO.
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs the Compliance Lead who delegates implementation of the decision and notifies SEMC as relevant.
- Details of the exemption given should also be forwarded to the COVID Policy area for consideration as a potential future protocol.

### **Recommendation for leave by on-site nurse, medical practitioner of welfare staff**

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
  - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under "Persons emailing covidquarantine@dhhs.vic.gov.au" above.

### **Urgent medical attention**

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

### **Other requests**

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance.

### **Physical health (exercise) – see procedure at end of this chapter**

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:
  - willingness and availability of security to facilitate exercise
  - site layout and capability to ensure persons are in a cordoned off area
  - maintaining infection control.

- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

## Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- should complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10**, or
- enter in Compliance Application if available.

## Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

## Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

## Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any issues raised
- confirm appropriate infection control measures are in place
- advise on physical distancing requirements.

## Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.

- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room.

## Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home
- Exercise should be undertaken in a cordoned off area with no public access or interaction.

## Other considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

### In addition:

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

## **Supporting smokers to quit smoking**

The preferred option is support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

Further work to support to support this approach would include provision of approved nicotine replacement therapies (NRT) with meal deliveries, accompanied by counselling through the Quitline. DHHS to explore opportunities to incorporate provision of NRT and counselling.

DRAFT

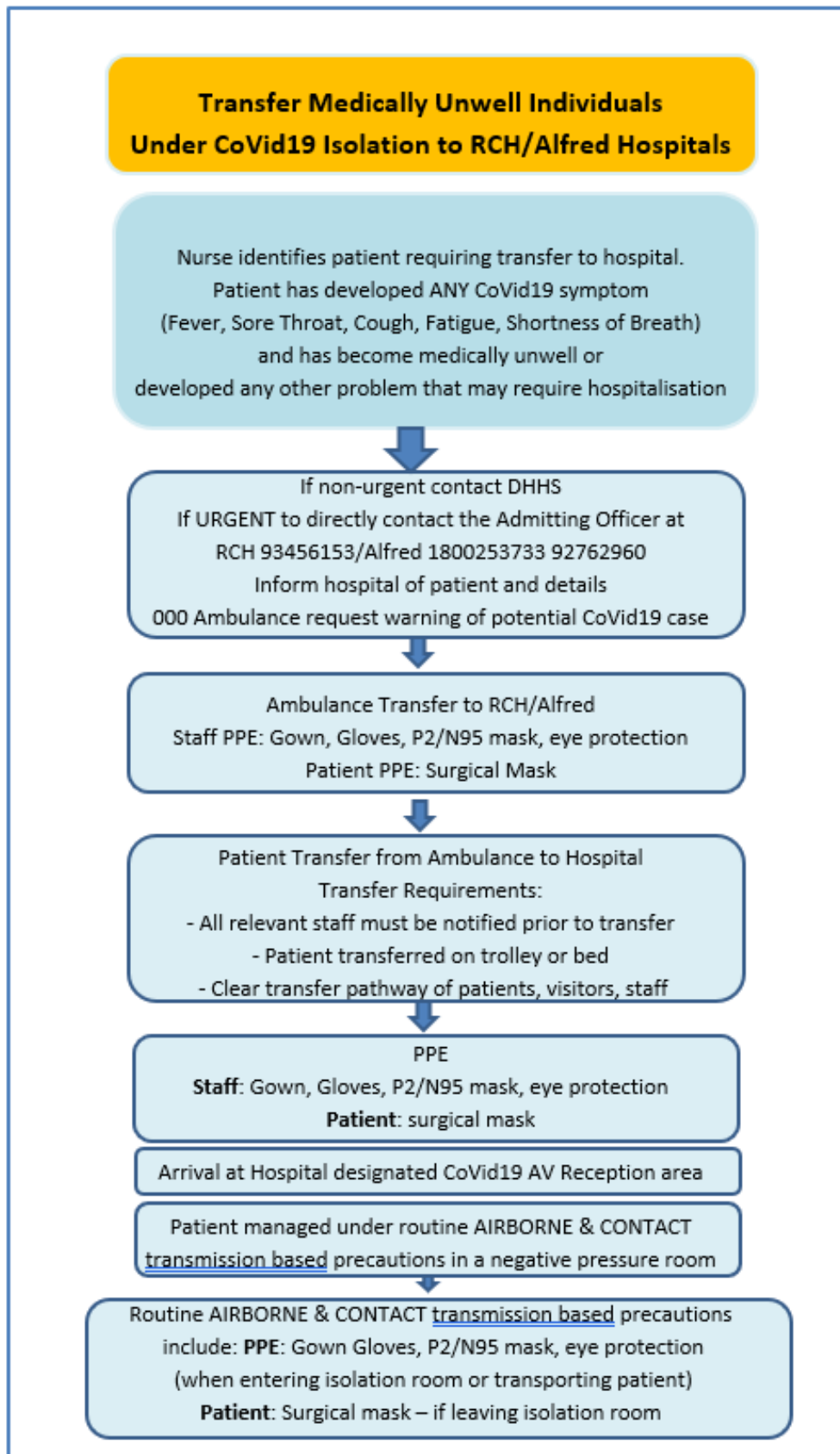
## Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. The bold highlight AO interactions.

5. Nurse/doctor assess that patient requires hospital care
6. **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the COVID-19 Compliance Application or register.**
7. **All relevant staff including AO must be notified prior to the transfer.**
8. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
9. If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19. This takes priority over any AO requirements.
10. Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
11. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
12. The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
13. The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
14. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
15. All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
16. Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
17. Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
18. AO to provide contact number of AO to update if the patients will return to the hospital.

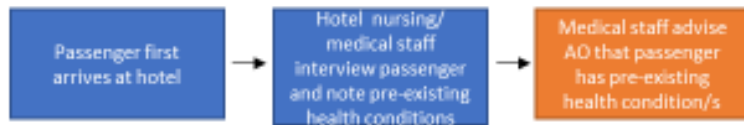
The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

**DHHS is endeavouring to organise patient transport arrangements.**

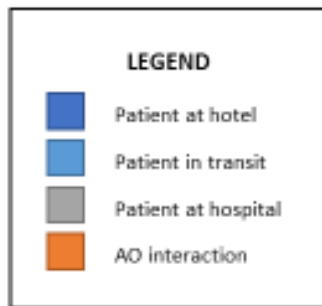


# Process to transfer passengers to hospital (planned)

## WHEN PASSENGER ARRIVES AT HOTEL



Medical staff note requirements for passenger to attend specialist appointments at hospital/clinic, including details of doctor, location and frequency. This information is provided to the AO



## WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT



AO provides medical staff with information sheet that stays with patient throughout journey

Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Medical staff advises:

- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

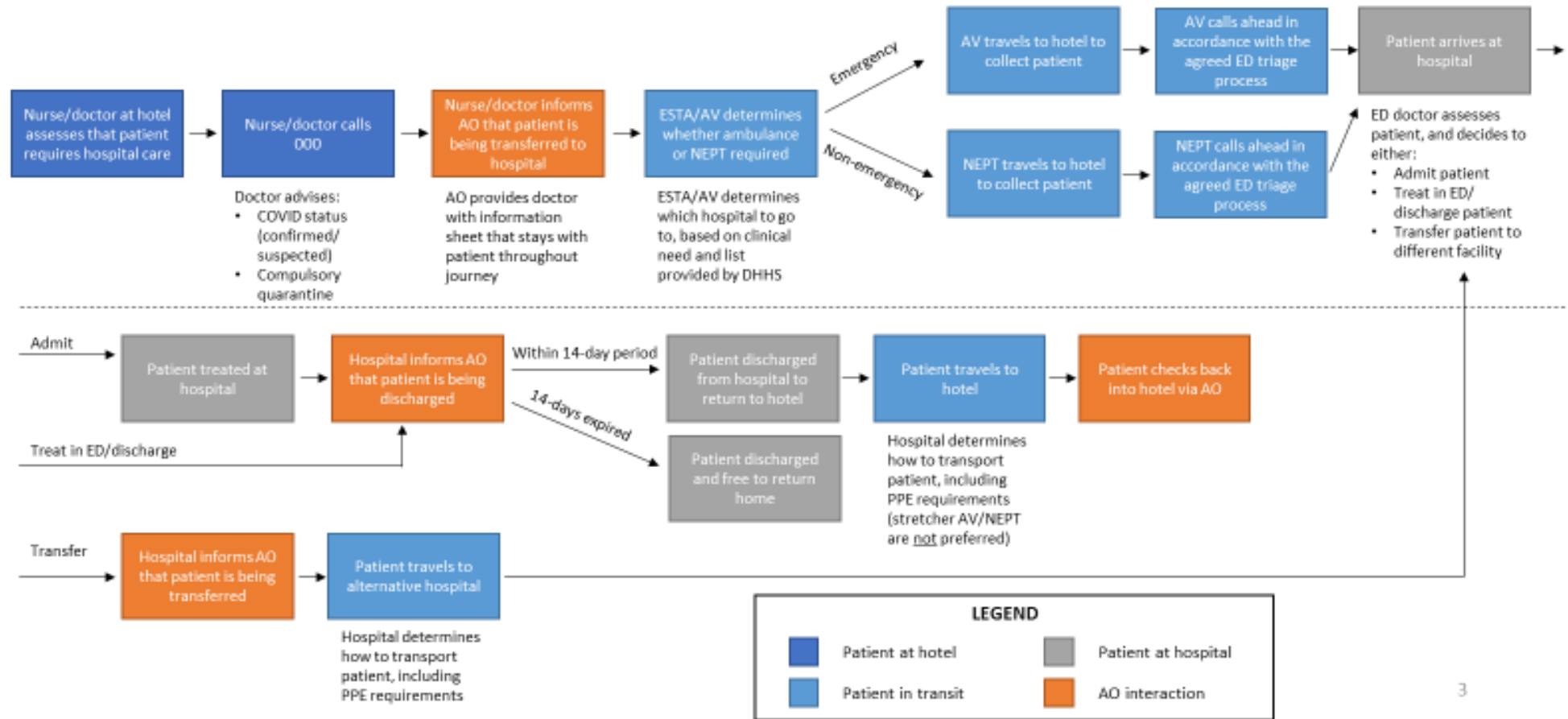


Based on medical need. Options incl.:

- AV
- NEPT
- CTS

Transport provider considers PPE requirements

# Process to transfer passengers to hospital (unplanned)





# Compliance

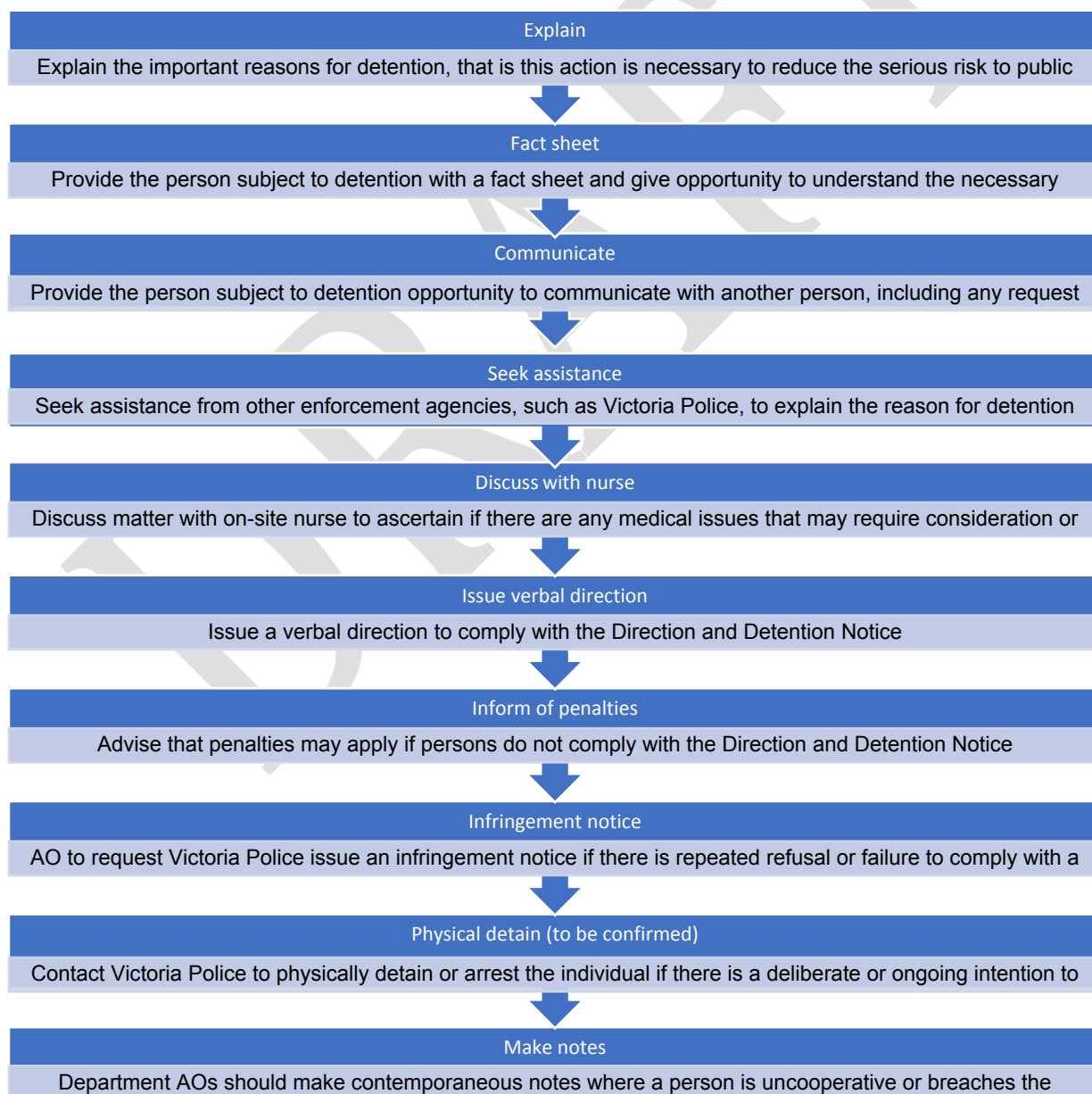
## Key Point

- The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. **We are seeking advice on any arrests, including moving people into detainment or physical contact with a person must be managed by Victoria Police.**

## Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



## Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the AO should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the compliance lead if the person subject to detention is not found

If the person is located, the AO should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

## Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

**Table 1 List of infringements**

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10) without a reasonable excuse.	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

# Policy and procedure on unaccompanied minors

## Key points

- unaccompanied minors will be dealt with on a case by case basis.
- If an unaccompanied minor is detained in a hotel without parents, specific processes must apply.

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly
- Person can easily contact parent / guardian
- Has adequate food
- Remote education is facilitated.

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

***There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.***

## When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

## When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3**.

**If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in**

a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

## When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

## When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at **Appendix 5**.
- A guideline for authorised officers in this respect is found at **Appendix 4**.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and the department.

## Working with Children Checks and Child Safe Standards

The department will work with Department of Justice and Community Safety to facilitate Working with Children Checks for Authorised Officers.

## Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division: <https://services.dhhs.vic.gov.au/child-protection-contacts>. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

# Departure – release from mandatory detention

## Key points

- AOs are responsible for the compliance check out.

## Background

Prior to release of a person being detained, they will be provided with an End of Detention Notice, **Appendix 8** or an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9** that confirms release details and specifies requirements to follow. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

## Pre check-out

- Exit Notices and associated materials prepared and dropped to hotel.
- Early hours releases transport booked (DJPR).
- Early hours releases documentation actioned by AO evening prior.
- Notices for all persons subject to detention placed under doors (by Security).

The person in detention will be:

- notified they are due for release from detention in 48 hours
- notified that a health check to determine their status is recommended
- provided information for people exiting quarantine on transport and other logistical matters.

## Health check

- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

## Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location.

## Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- At check-out, the AO will:
  - request to see identification and the End of Detention notice
  - confirm the person's identification and room number on exit sheet

- confirm the period of detention and explain detention period has ceased, including highlighting other requirements
- site and sign the End of Detention notice and provide to the person
- mark the person off an exit list as being discharged and request that they sign the list confirming discharge
- provide cab charge
- update the Compliance Application (note this may be a data entry update after the process has been completed).

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# Occupational health and safety (OHS) for Authorised Officers

## Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents.
- AOs must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible

## Purpose

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

## Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

## Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police.**

## OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with REDACTED | REDACTED

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

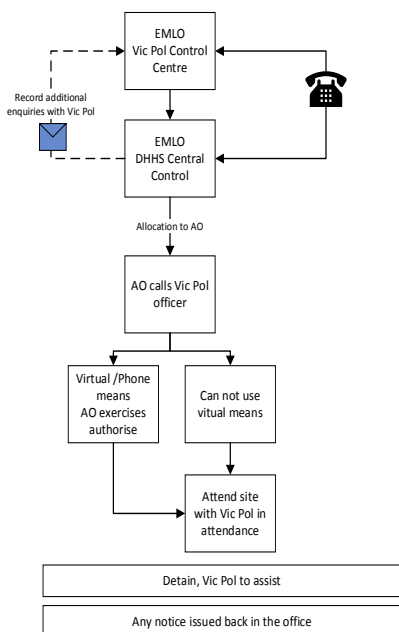
## Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:

<http://www.vgate.net.au/fatigue.php>

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



## Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

## Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.



When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

The following is only a guide for AOs to consider.

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

## Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties  Use fatigue calculator <a href="http://www.vgate.net.au/fatigue.php">http://www.vgate.net.au/fatigue.php</a>
Physical Injury	Low / Medium	Only attend a site with Victoria Police or with security.
Other infectious agents		Follow personal protective measures

# Appendix 1 - Permission for temporary leave from detention

## PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

### Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

### Temporary leave

- (1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).
- (2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

### Reason/s for, and terms of, permission granting temporary leave

- (3) Permission for temporary leave has been granted to: \_\_\_\_\_  
 \_\_\_\_\_ [insert name] for the following reason/s [tick applicable]:

- (a) for the purpose of attending a medical facility to receive medical care:

**Name of facility:** \_\_\_\_\_

**Time of admission/appointment:** \_\_\_\_\_

**Reason for medical appointment:** \_\_\_\_\_

- (b) where it is reasonably necessary for physical or mental health:

**Reason leave is necessary:** \_\_\_\_\_

**Proposed activity/solution:** \_\_\_\_\_

- (c) on compassionate grounds:

**Detail grounds:** \_\_\_\_\_

- (4) The temporary leave starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_ [insert date and time].

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

### Conditions

- (5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.
- (6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.
- (7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- (8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.
- (9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.
- (10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.
- (11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.
- (12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

*(Insert additional conditions, if any, at Annexure 1)*

### **Specific details**

- (13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).
- (14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.
- (15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

### **Offences and penalties**

- (16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.
- (17) The current penalty for an individual is \$19,826.40.

## Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

### How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

#### **Before you provide the Permission for Temporary Leave from Detention**

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

#### **When you are provide the Permission for Temporary Leave from Detention**

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

**NB** If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

### What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

### What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

### What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

# Appendix 3 Guidance: Exemptions under Commonwealth law



Australian Government  
Department of Health

Coronavirus disease  
(COVID-19)

## Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, all arrivals into Australia **must** continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

### Aviation crew

#### International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

#### International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

#### Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

### Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)  
Coronavirus Disease (COVID-19)

1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no known illness on-board, do not need to self-isolate on arrival.

## Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

## Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

## Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

## Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).

## Where can I get more information?

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au).

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.



# Appendix 4 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

## Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

## Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

## How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

## Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons from holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly and association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily



restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

### **General welfare considerations**

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

### **Additional welfare considerations for children**

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

## **Balancing competing interests**

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

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## Appendix 5 Direction and Detention Notice – Solo Children

To be added

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## Appendix 6 Other issues

### Welfare and health service provision

- DHHS Welfare team to conduct a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email [covid-19.vicpol@dhhs.vic.gov.au](mailto:covid-19.vicpol@dhhs.vic.gov.au) and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

### Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

### Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

### Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

## Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

**Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.**

### 1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or 13 April 2020 and have been placed in detention, pursuant to a *Direction and Detention Notice* that you were provided on your arrival in Victoria (**Notice**).

### 2. Details of Detention Notice

Name of Detainee: \_\_\_\_\_

Date of Detainment and Detention Notice: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

### 3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

- you will have served the required detention period by \_\_\_\_\_ [insert date]; and
- you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on \_\_\_\_\_ [insert date] after you have been discharged by an Authorised Officer from \_\_\_\_\_ [insert place of detention] and have commenced transportation to your ordinary residence.

[If lives in Victoria] Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 2) (**Direction**), as amended from time to time. Pursuant to the Direction, you are required to travel directly to the premises where you ordinarily reside within Victoria, and remain there unless you are leaving for one of the reasons listed in the Direction.

[If lives outside Victoria] I note that you are ordinarily a resident in \_\_\_\_\_ [insert State or Territory] and that arrangements have been made for you to return home. While you remain in the State of Victoria, you are required to comply with all directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

#### 4. End of Detention Instructions

Your detention **does not end** until the time stated in paragraph 0 of this notice. Until that time, at which you will be discharged from detention, you must continue to abide by the requirements of your detention, as contained in the Notice.

You **must not** leave your hotel room until you have been collected by an Authorised Officer [OR] You **must not** leave your hotel room until \_\_\_\_\_ [insert time and date], at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer to be discharged from detention.

When leaving detention you **must** adhere to the following safeguards:

- if provided to you, you must wear personal protective equipment;
- you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
- you must where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and
- upon leaving your hotel room, you must go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

#### 5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ Signature of Authorised Officer

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

## Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

*Public Health and Wellbeing Act 2008 (Vic)*

### Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you *[have returned a positive test for COVID-19]* or *[have started displaying symptoms of respiratory illness]*.

#### 1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after midnight on 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

#### 2. Details of End of Detention Notice

Name of Detainee: \_\_\_\_\_

Date Notice Made: \_\_\_\_\_

Date Notice Expires: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

*(if medical care is required)*

**COVID-19 Status or respiratory illness symptoms** [tick applicable]:

COVID-19 confirmed: \_\_\_\_\_  coughing

*[insert date of test]*

fever or temperature in excess of 37.5 degrees  sore throat

congestion, in either the nasal sinuses or lungs  body aches

runny nose  fatigue

#### 3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have noticed that you *[have been diagnosed with COVID-19]* or *[have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) ~~delete as applicable~~]*.

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

- a) *[if applicable]* You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is suitable for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;
- b) *[if applicable]* You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and
- c) You are ordinarily a resident in Victoria.

Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable]*.

The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

#### 4. Conditions

- You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]* by an Authorised Officer. You may / will *[delete as appropriate]* be supervised during transit.
- While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.
- You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility *[delete as appropriate]*, you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.



## 5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable]*, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is \$19,826.40.

\_\_\_\_\_ **Signature of Authorised Officer**

**Name of Authorised Officer:** \_\_\_\_\_

*As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.*

DRAFT

## Appendix 9: Guidance Note

**How to conclude a person's detention under a *Direction and Detention Notice* if they have served the required period of detention, become a confirmed case of COVID-19 or have symptoms of respiratory illness**

### **What do you have to do before you issue an End of Detention Notice?**

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge and escort each person to their transport
- if a person's detention is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detention Notice
- update all the registers and relevant records about the person's detention arrangements
- ensure the reference number is completed.

### **When should you issue an End of Detention Notice?**

- It is preferable that an End of Detention Notice be issued the day before a person's detention is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.
- A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detention period must end.

### **What do you have to do when you issue an End of Detention Notice?**

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

if the person is ordinarily resident outside of Victoria, notify the person of their travel arrangements and that they are to immediately travel to the airport to leave the State

## Appendix 10: Release Process 'Running Sheet'

### ***Evening prior to release***

- Exit Notices and associated materials prepared and dropped to hotel  
[Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist  
If issues or lack of exit time, contact: \_\_\_\_\_
- Notices for all other exiting detainees placed under doors (by Security)

### ***Day of release***

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

### ***Release process***

- AO to sight ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- AO to inform detainee of release (highlight conditions etc)
- Detainee signs exit sheet
- Welfare staff provide cab charge, facilitate transport etc

## Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer: \_\_\_\_\_

Ref No.	Date	Name of detained person	Reason	Time-Out	Time-In

## Reminder of infection control and the protocols document

---

From: "Murray Smith (DHHS)" [REDACTED]  
 To: COVID-19 Authorised Officers <[REDACTED]>  
 Cc: "Leanne Hughson (DHHS)" [REDACTED], "Stuart Bailey (DHHS)" [REDACTED], "Amanda Stevens (DHHS)" [REDACTED], "Steve Ballard (DHHS)" [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 Date: Sat, 11 Jul 2020 13:49:42 +1000

Hello,

It has been a very difficult time for all of us with the demands placed on Authorised Officers. I have been very impressed by your collective agility to respond to emerging issues that get given to us at very short notice. I appreciate your efforts and, like you, look forward to a day when our work becomes a bit more predictable. I suspect given the current climate that day may be some time before it arrives. It is in these moments that protocols and procedures can slip. My experience is this slippage occurs from a positive desire to get the job done. While I admire this approach the risk is that when dealing with matters such as infection control or depriving someone's liberty the consequences can be much more significant than some more routine operations that you may see others engaged with.

Please ensure you regularly review the protocol and processes available on Microsoft Teams to make sure you have the most recent information available to you with respect to operations. Below are some excerpts to assist you in understanding how you can protect yourself and your colleagues from infection.

### Infection control considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snugly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

Some further points below provide information about reducing the risk of infection:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleep well, and if you are a smoker, quit.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.



- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Don't shake hands, hug or kiss as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your Senior AO for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a suspected or confirmed case of COVID-19?
- Has the person being detained been recently in close contact with a confirmed case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

A number of us have been required to be tested and self-isolate (including me) which is rather frustrating. As authorised officers we are required to put our confidence in others that they are following the appropriate directions when entering their environments. We know that this will soon become a public question to be answered by others in a judicial review. Importantly, I have confidence in how we conduct our activities and how you all have committed to the task of saving lives across Victoria.

Regards,

**Murray Smith**

Commander | COVID 19 Enforcement and Compliance

Regulation | Health Protection and Emergency Management Division

Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)



The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.

**FW: FOR APPROVAL - DHHS Physical Distancing and  
Public Health Compliance and Enforcement Plan - 4 March  
2020**

REDACTED



REDACTED

**From:** Finn Romanes (DHHS) REDACTED  
**Sent:** Friday, 3 April 2020 6:03 PM  
**To:** Annaliese Van Diemen (DHHS) REDACTED; Brett Sutton (DHHS) REDACTED  
**Cc:** Meena Naidu (DHHS) REDACTED; Merrin Bamert (DHHS) REDACTED; Sandy Austin (DHHS) REDACTED; Andrea Spiteri (DHHS) REDACTED; Kym Arthur (DHHS) REDACTED; Pam Williams (DHHS) REDACTED; Noel Cleaves (DHHS) REDACTED; Melody Bush (DHHS) REDACTED; Michael Mefflin (DHHS) REDACTED; Simon Crouch (DHHS) REDACTED; Katherine Ong (DHHS) REDACTED; Bruce Bolam (DHHS) REDACTED; Kira Leeb (DHHS) REDACTED; Charles Alpren (DHHS) REDACTED; Ed Byrden (DHHS) REDACTED REDACTED

**Subject:** FOR APPROVAL - DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - 4 March 2020

**Importance:** High

Dear Annaliese and Brett

Please find attached the draft Plan for Approval.

Not every aspect of the operational and compliance arrangements for mandatory quarantine are complete, but I commend this plan as an interim formal statement of policy, process and procedure in order that it is all in one place, to guide this complex societal and public health intervention package.

Rather than put this document formally to a further large group for review, I have consulted widely and commend the attached.

There will be many opportunities to tweak aspects over the coming days.

I'm sure we can work again on many aspects, and there will be more changes to Directions and approach required.

Finn

Dr Finn Romanes  
 Deputy Public Health Commander - Planning  
 Novel Coronavirus Public Health Emergency

REDACTED

REDACTED

Department of Health and Human Services  
 State Government of Victoria

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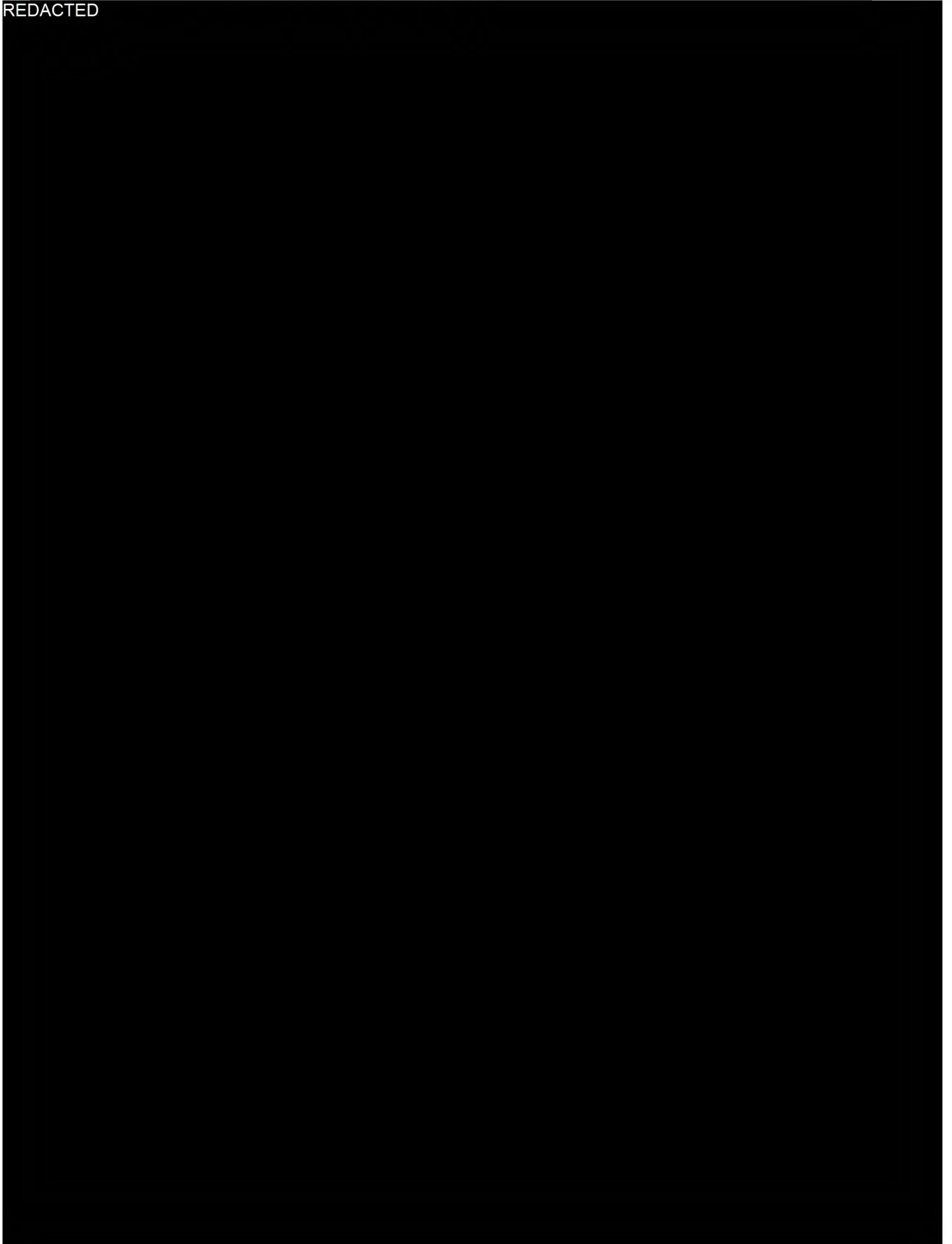


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# FW: Yet more induction reading

REDACTED



REDACTED

**From:** Melissa Skilbeck (DHHS)  
**Sent:** Thursday, 25 June 2020 9:53 PM  
**To:** REDACTED  
**Cc:** Nick Chiam (DHHS) REDACTED  
**Subject:** Yet more induction reading

REDACTED

A further pack of material for you .. attached is:

- \* the current Operation Soteria Plan
- \* the current Compliance & Enforcement protocols and a high level 'compliance structure'
- \* 'Leader Pack' sets out our recently-announced team structures – designed to segue into departmental roles (commander to executive director etc) to facilitate some stability for up to 12 month planning horizon
- \* Options analysis completed this week – on alternatives to using security guards at all or to the extent possible

Also, as I mentioned we are on roster and I am lucky to have Nick Chiam (Deputy Secretary, Organisational Transformation, usually) on roster in my role on Fridays and Saturdays so I can have some respite ... hence the cc. He will be arranging the practicalities needed to get your access to workplace (office 18.08 near the enforcement team is available) and introductory meetings etc.

Regards,  
Melissa

**Melissa Skilbeck**

Deputy Secretary | Regulation, Health Protection and Emergency Management  
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000  
t REDACTED | w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

I am currently on roster due to COVID operations and work from Sundays to Thursdays inclusive.

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**FW: AO Roster 1 to 3 June 2020 - updates****REDACTED**

**From:** Covid19 Authorised Officer Rostering (DHHS) <[COVID19AORostering@dhhs.vic.gov.au](mailto:COVID19AORostering@dhhs.vic.gov.au)>  
**Sent:** Monday, 1 June 2020 5:20 PM  
**To:** COVID-19 Authorised Officers <[COVID-19AuthorisedOfficers@dhhs.vic.gov.au](mailto:COVID-19AuthorisedOfficers@dhhs.vic.gov.au)>  
**Cc:** Covid19 Authorised Officer Rostering (DHHS) <[COVID19AORostering@dhhs.vic.gov.au](mailto:COVID19AORostering@dhhs.vic.gov.au)>  
**Subject:** AO Roster 1 to 3 June 2020 - updates

Hi All,

Please see attached the roster for **1 to 3 June 2020**. There have been last-minute changes to shift locations, so **please check your shifts carefully**.

Novotel South Wharf is now the designated hotel for confirmed cases of COVID-19, replacing the Rydges hotel.

Thank you all for your understanding while we need to update the roster daily.

If there are any issues with the attached roster please email the Rostering Team at [COVID19AORostering@dhhs.vic.gov.au](mailto:COVID19AORostering@dhhs.vic.gov.au).

The roster for the fortnight 7 to 20 June will be sent out tomorrow with a request for all AOs to confirm their shifts.

Also attached are maps of the hotel locations, general info for AOs, timesheet completion guidance and the emergency response fact sheet.

As always, thank you all for your work as AOs.

Kind regards  
 Authorised Officer Rostering Team  
**COVID-19 Response**  
 Department of Health and Human Services  
 50 Lonsdale Street, Melbourne VIC 3000  
 e. [COVID19AORostering@dhhs.vic.gov.au](mailto:COVID19AORostering@dhhs.vic.gov.au)  
 w. [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

TAB NAME	DESCRIPTION
Roster by Name	Scroll or filter to find your name and see all your shifts in a single row, even if you are assigned to different locations or hotels. If there seems to be an error in your row, please let us know by emailing <a href="mailto:COVID19AORostering@dhhs.vic.gov.au">COVID19AORostering@dhhs.vic.gov.au</a>
City 1	A view of all the shifts for each location – useful for knowing who else is rostered, who to handover to, who the team leader is, and if there are releases. Please note, if there is more than one floating AO or additional AOs for releases on a particular day, these names are displayed in columns H and I 'extra staff'.
City 2	
City 3	
Airport	The team leaders are listed for each shift and the team leader listed in the 11pm to 7am shift is ON CALL ONLY. Under "Comments" in column J we include the releases and provisional arrivals as per notification from DJPR. Please note that the arrivals are subject to change. <b>The blackened rows are for the rostering teams purposes only, they do not contain any data.</b>
Team Leaders	A view of Team Leaders rostered across shifts/days. Please note that the team leader listed in the 11pm to 7am shift is ON CALL ONLY.
Senior AO Roster	Senior AO's are there as an escalation point for the team leaders and are ON CALL ONLY for the 11pm to 7am shift.

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## Rydgges Hotel draft exercise document

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**From:** "Noel Cleaves (DHHS)" REDACTED  
**To:** REDACTED  
**Cc:** "Steve Ballard (DHHS)" REDACTED  
REDACTED  
**Date:** Fri, 03 Jul 2020 07:47:05 +1000  
**Attachments:** 200702\_Draft-Rydgges exercise protocol-Guest negative for COVID-19-v1.docx (3.13 MB); Operational Instruction X-2020 Exercise breaks.docx (40.27 kB)

---

Hi REDACTED

From an AO perspective, we've been waiting for the change in the security model to finalise an exercise break operational instruction for our AOs across all hotels. We are very keen to have the same process at all hotels to improve consistency and quality. The draft is attached. We'll need to modify that to reference corrections staff etc.

I've got no issue with the statements around the actual exercise area as those are going to be quite different at every hotel so the detail of how many security etc will vary from hotel to hotel but the issues of whether we offer walks to everyone, have a priority system for some cohorts etc need to be universal across the hotel system to avoid confusion. Similarly, we need a universal system for how the walks are to be arranged.

Noel Cleaves  
Covid-19 Senior Authorised Officer

REDACTED



## Operational Instruction for AO Electronic Handover notes

---

**From:** REDACTED  
**To:** COVID-19 Authorised Officers <covid-19authorisedofficers@dhhsvicgovau.onmicrosoft.com>  
**Cc:** "Stuart Bailey (DHHS)" REDACTED, "Steve Ballard (DHHS)" REDACTED  
**Date:** Sun, 14 Jun 2020 21:08:23 +1000  
**Attachments:** 14062020092814-0001.pdf (354.26 kB)

---

Good evening AOs,

Hope you have all had a good weekend, whether working or relaxing.

Please find attached the new format for all handover notes, in the Covid -19 AO Resources Teams - General site.

Please refer to the following Teams training links that Murray Smith sent out a few weeks ago if you require assistance with using Teams.

[https://www.youtube.com/watch?v=jugBQqE\\_2sM&list=PLXPr7gfUMmKwYKF5qoPN-aHQppI7rRQLf](https://www.youtube.com/watch?v=jugBQqE_2sM&list=PLXPr7gfUMmKwYKF5qoPN-aHQppI7rRQLf)

[https://www.youtube.com/watch?v=jKnV6H6wbNA&list=PLXPr7gfUMmKzR7\\_jXN5s886apYoHNC3Xk&index=2](https://www.youtube.com/watch?v=jKnV6H6wbNA&list=PLXPr7gfUMmKzR7_jXN5s886apYoHNC3Xk&index=2)

[https://www.youtube.com/watch?v=5AUOnizqALQ&list=PLXPr7gfUMmKzR7\\_jXN5s886apYoHNC3Xk](https://www.youtube.com/watch?v=5AUOnizqALQ&list=PLXPr7gfUMmKzR7_jXN5s886apYoHNC3Xk)

The link to the AO Teams Handover Notes site:

[https://teams.microsoft.com/\\_#/files/General?threadId=19%3A03309ecf29564f8c81de65e6784d8c7a%40thread.tacv2&ctx=channel&context=General&rootfolder=%252Fsites%252FDHHS%252FCOVID19AOResponse-DHHS-GRP%252FShared%2520Documents%252FGeneral](https://teams.microsoft.com/_#/files/General?threadId=19%3A03309ecf29564f8c81de65e6784d8c7a%40thread.tacv2&ctx=channel&context=General&rootfolder=%252Fsites%252FDHHS%252FCOVID19AOResponse-DHHS-GRP%252FShared%2520Documents%252FGeneral)

Please refer to your Team Leader as the first point of contact.

Kind regards,

REDACTED

**Senior Authorised Officer**  
**COVID-19 Enforcement and Compliance**

Regulation | Health Protection and Emergency Management  
Victorian Department of Health & Human Services  
50 Lonsdale Street, Melbourne, 3000.

e REDACTED

w: <https://www.dhhs.vic.gov.au/coronavirus>

m REDACTED

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# Detention Authorisation Enforcement and Compliance structure and procedures

---

**From:** "Anthony J Kolmus (DHHS)" [REDACTED]  
**To:** COVID-19 Authorised Officers <covid-19authorisedofficers@dhhsvicgovau.onmicrosoft.com>  
**Cc:** [REDACTED]

**Date:** Thu, 30 Apr 2020 10:28:08 +1000

**Attachments:** Detention Authorisation\_Enforcement and Compliance command v1 final approved.docx (1.02 MB)

---

Hi All,

Attached for your information is the Detention Authorisation Enforcement and Compliance Command structure, policies and procedures document for the COVID-19 compliance response.

As outlined in the index, the document contains information and templates that cover off the compliance structure, legal basis for our powers, key responsibilities for AOs and a range of templates for use in the various AO tasks. Can you all please make sure you take the time to read through and familiarise yourself with the document and it's contents.

Like any policy and procedure, and particularly given the context we're working in, this will absolutely be in an iterative document that we will need to amend and evolve as we further create, implement and refine the processes needed to ensure compliance across the quarantine hotels. To this end, it's important that if you have any feedback on the document or on how we



might continue to improve the processes in place, please pass this on up through the Compliance Managers **REDA** Noel, **REDACT** and **REDA**

I will arrange for this to be placed on the COVID Compliance and Direction MS Teams site and for it to be sent out with our AO rosters.

Whilst this will not always have the definitive answer to all of the issues AOs have to deal with in the hotels, it's an important start and a document we can build on in the coming weeks.

Regards

Anthony

**Anthony Kolmus**  
**Human Services Regulator**

Health and Human Services Regulation and Reform  
Regulation, Health Protection and Emergency Management  
Department of Health and Human Services  
p.**REDACTED** Email **REDACTED**



Health  
and Human  
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

## FW: Draft Roster Email

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**From:** REDACTED  
**To:** COVID-19 Authorised Officers <covid-19authorisedofficers@dhsvicgovau.onmicrosoft.com>  
**Cc:** REDACTED

**Date:** Tue, 28 Apr 2020 19:03:58 +1000

**Attachments:** Hotel location maps (15 sites) updated 20-04-20.docx (7.3 MB); Attachment - AO role at Hotels 6-4-20.docx (17.25 kB); Coronavirus - emergency response fact sheet.pdf (85.48 kB); COVID-19 Emergency Management - Standby and Overtime form.xls (60.42 kB); COVID-19 Timesheet Casual\_.xls (393.73 kB); Additional info for new Authorised Officers.docx (21.64 kB); Flying Squad AO Roster - As at 28 April 2020.xlsx (76.92 kB)

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Dear AOs

Please find attached the Authorised Officer (AO) roster from 28 April 2020 onwards.

The spreadsheet contains separate tabs for each of our 'flying squads':

- City 1 - Crown Towers Promenade/ Crown Towers Metropol/ Crowne Plaza
- City 2 - Pan Pacific/ Rydges Carlton/ Travelodge Southbank/ Novotel South Wharf/ Holiday Inn
- City 3 - Travelodge Docklands/ Four Points / Novotel Collins/ Mercure Welcome Inn/Marriot
- Airport - Park Royal/ Holiday Inn

Please check each sheet carefully as you may be rostered to different squads on different days.

The shift times are:

- Early Shift: 7am-3pm
- Late shift: 3pm-11pm
- Overnight Shift: 11pm-7am
- Release shift specifically for release of detainees (times for these shifts vary, the roster will specify the shift times).

With a number of new AOs now on board we are able to fill all required shifts. *Please note: we will try to accommodate your shift preferences, but this is not always possible.* We are now working on completing the roster for *everyone* for another fortnight.

For roster queries, please e-mail **REDACTED** – we are in the process of getting a dedicated mailbox set up for ease of use, this should be available very soon and we will update you when we have confirmation it is up and running.

The address and phone number of the squad's base hotel is provided at the top of the spreadsheet. A map for each location is also attached to this email with the hotel phone numbers. Please note that there is only one Senior Authorised Officer on call at night (11pm to 7am) for all hotel locations.

Additional information that you may find relevant is attached for your reference.

As always, thank you all for your generosity in keeping the Victorian community safe, it is appreciated.

**The AO Rostering Team**

**REDACTED**

**Reassigned to Authorised Officer Rostering** | Human Services Regulator | Regulation, Health Protection and Emergency Management |  
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